

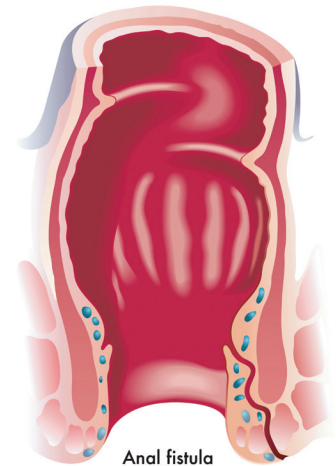
ABSCESS & FISTULA

WHAT IS AN ABSCESS OR FISTULA?

An anal abscess is an infected cavity filled with pus near the anus or rectum. An anal fistula (also called fistula-in-ano) is a small tunnel that tracks from an opening inside the anal canal to an outside opening in the skin near the anus. An anal fistula often results from a previous or current anal abscess. As many as 50% of people with an abscess will develop a fistula. However, a fistula can also occur without an abscess.

WHAT ARE THE CAUSES OF ABSCESS OR FISTULA?

Small glands just inside the anus are part of normal anatomy. If the glands in the anus become clogged, this may result in an infection and can develop into an abscess. Bacteria, feces, or foreign matter can also clog the anal glands and cause an abscess to form. Crohn's disease, cancer, trauma, and radiation can increase the risk of infections and fistulas.



WHAT ARE THE SYMPTOMS OF ABSCESS OR FISTULA?

A patient with an abscess may experience:

- Pain
- Redness
- Swelling in the area around the anal area or canal
- Feeling ill
- Fatigue
- Fever
- Chills

Patients with fistulas have similar symptoms, as well as drainage from an opening near the anus. A fistula is suspected if these symptoms tend to keep coming back in the same area every few weeks.

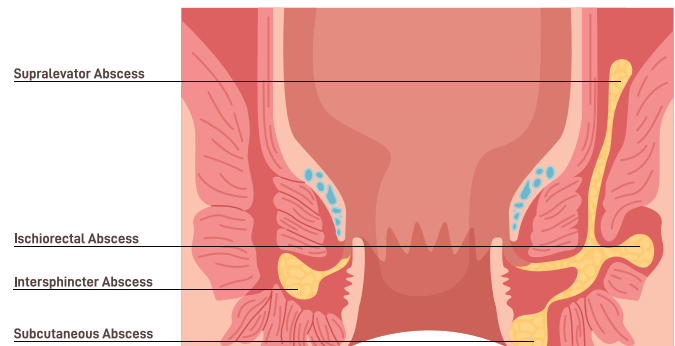
HOW IS AN ABSCESS OR FISTULA DIAGNOSED?

Most anal abscesses or fistulas are diagnosed and managed based on clinical findings. Occasionally, CT scan, or MRI are used to diagnosis and manage deeper abscesses and may be used to visualize the fistula tunnel.

HOW IS AN ABSCESS OR FISTULA TREATED?

- Abscess: The treatment of an abscess is surgical drainage under most circumstances. It is important that the surgeon has expertise in treating abscesses and fistula. Colorectal surgeons are experts in this area. For most patients, an abscess can be drained surgically through a simple procedure. An incision is made in the skin near the anus to drain the infection. This can be done at the surgeon's office with local anesthetic or in an operating room under general anesthesia. Some patients with more severe disease may require multiple procedures to resolve the abscess. Patients who tend to contract severe infections due to diabetes or immunity conditions may need to be hospitalized.

Classification Of Anal Abscesses



- **Fistula:** Surgery is nearly always needed to treat an anal fistula. In many patients, if the fistula is not too deep, a fistulotomy is performed. During this surgery, the fistula track will be opened to allow healing from the bottom up. The surgery may require dividing a small portion of the sphincter muscle. A large amount of the sphincter muscle is not divided because it could lead to problems with fecal incontinence (inability to control the bowels). If the fistula track does involve a large portion of the sphincter muscle, other more involved surgeries are performed instead to treat the fistula without harming the sphincter muscle. Multiple surgeries may be required for more severe cases.
- **Antibiotics:** Antibiotics alone are not effective in treating abscesses or fistula. Antibiotics may be needed, in addition to surgery, if a patient has immunity issues, specific heart valve conditions, or widespread cellulitis (a bacterial infection of the skin and tissues under the skin). Providing the physician with an accurate medical history and undergoing a physical exam are important steps in deciding if antibiotics are required.

WHAT IS THE POST-TREATMENT PROGNOSIS FOR AN ABSCESS OR FISTULA?

The surgeon will outline proper postsurgical care. Even with proper treatment and complete healing, an abscess or a fistula can recur. If an abscess returns, it suggests that perhaps there is a fistula that needs to be treated. If a fistula returns, additional surgery will likely be required to treat it.

WHAT IS A COLORECTAL SURGEON?

Colorectal surgeons are experts in the surgical and non-surgical treatment of diseases of the colon, rectum, and anus. They have completed advanced surgical training in the treatment of these diseases as well as full general surgical training. Board certified colorectal surgeons complete residencies in general surgery and colorectal surgery and pass intensive examinations conducted by the American Board of Surgery and the American Board of Colon and Rectal Surgery. These colorectal surgical experts are well-versed in the treatment of both benign and malignant diseases of the colon, rectum, and anus and are able to perform routine screening examinations and surgically treat conditions when necessary.



Source: American Society of Colon and Rectal Surgeons



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