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OUTCOMES OF ANAL FISTULA SURGERY: ANAL FISTULA PLUG & FIBRIN GLUE VS. CONVENTIONAL TREATMENT IN REPAIR OF COMPLEX ANAL FISTULAS

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Introduction: Complex anal fistulas are difficult to treat because fistulotomy with division of sphincter muscle predictably results in incontinence. Our aim is to compare outcomes of newer surgical approaches, fibrin glue and the anal fistula plug, to conventional surgical approaches including extensive fistulotomy and flap closure or seton drain insertion for treatment of complex anal fistulas.

Methods: This is a retrospective cohort study of all patients treated for complex anal fistulas by a single colorectal surgeon at the University of British Columbia from 1997 to 2008. The primary outcome was full healing (external fistula opening closed with no drainage or infection) at 12 weeks postoperatively.

Results: There were 134 males and 62 females with median age of 44 (range 19-81). Sixty-one patients were treated by flap closure and fistulotomy external to the sphincter, 92 underwent seton drain insertion and fistulotomy external to the sphincter, 26 were injected with fibrin glue, and 17 had insertion of a fistula plug. Full healing rates were 66% for flap closure, 20% for seton drainage, 31% for fibrin glue, and 41% for plug insertion.

Conclusions: Closure of the primary fistula opening using a biologic anal fistula plug provides an alternate simple method of treating complex anal fistulas although healing rates were highest using conventional flap closure. However, given the low morbidity and relative simplicity of the procedure, the anal fistula plug should be considered an alternative effective treatment for patients with complex anal fistulas.