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A study to evaluate the treatment of chronic fistula-in-ano using commercial fibrin glue

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Objectives

Chronic fistula-in-ano remains a perplexing surgical disease and its management both challenging and controversial. Anoscopy is usually required to identify the internal opening and the relationship between the anorectal ring and fistula track. Imaging studies are indicated only in recurrent or multiple fistulae. The available surgical options are – fistulotomy / fistulectomy, seton placement, mucosal advancement flap as other options. The study aims to ascertain the role and advantages of fibrin sealant in the management of anal fistulae in comparison to conventional surgical treatment, including assessment of recurrence rates, continence disturbance and other complications.

Method

80 consecutive patients, aged 18 years or older, presenting with a primary anal fistula were assigned to Fistulotomy/fistulectomy or with fibrin glue obliteration of the fistula tract. Patients with HIV infection, crohn's disease, tuberculosis and rectovaginal fistulae were excluded. Anal manometry was routinely performed to assess sphincter function in all study patients. Mean Basal pressure & Mean Squeeze pressures were recorded Pre OP and Post OP. Baster Tissel Kit, a two component fibrin sealant was used. Evaluation of each patient's fistula was performed under general or spinal anaesthesia. Patients were examined in the clinic frequently postoperatively.

Results

The disease was found to be more common in men with maximal incidence between 30 – 50 years. There were 66% inter spinchtric fistulae, 31% trans-spinchtric and 3% extraspinchtric fistulae. Recorded anal manometry values did show variation in these values from pre OP to post OP in the same group, and post operatively between the groups. Maximum failures were seen in transspinchtric variety. On analysis of time of recurrence it was found that fistulae that recurred did so around 3-4 months post OP.

Recommendations

Fibrin sealant treatment offers a unique mode of management which is safe, simple and repeatable with no significant learning curves. Despite its varying success to date, fibrin glue offers the patient a less invasive option for first-line fistula treatment.