

*Better
Together*

Patient information

Anal Fistulotomy

Surgery at the Royal Liverpool Hospital and
Broadgreen Hospital

PIF 789 V4

Your Consultant / Doctor has advised you to have an Anal Fistulotomy.

What is an Anal Fistulotomy?

This is a surgical operation to treat an anal fistula. This is an abnormal passage, which is often infected, leading from the inside of your back passage to the skin around the opening. This operation is usually done as a day case.

What are the benefits of having an Anal Fistulotomy?

The abnormal passage is opened and this allows the fistula to drain and heal by releasing the infection. This will help it to heal properly.

What are the risks of having an Anal Fistulotomy?

As with all surgery, there is the risk of bleeding or infection. You may suffer from constipation following surgery. Recurrence is rare, but can happen if you have a complex fistula.

What will happen if I do not have treatment?

If the fistula is left then you could have more complicated symptoms such as severe infection and anal pain needing more complex surgery.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: an anaesthetist, who is a doctor with specialist training, always provides it.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain.

Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

For further information about anaesthetics, please ask for “You and Your Anaesthetic” (PIF 344)

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

- You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests, and sometimes a heart tracing or a chest x-ray. You will be assessed to see if you are fit for the anaesthetic.
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- You will be given instructions on eating and drinking before your surgery.

- You will be able to discuss the operation with a doctor. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

The day of your operation

- You will come into hospital on the day of your operation. Please make sure you contact the ward before you leave home to check bed availability.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday therefore if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- Please bring any medication you take into hospital with you.
- You will be asked to remove jewellery - plain bands can be worn but they will be taped.
- Please leave body piercings at home. False nails and nail polish will also need to be removed if worn.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.

- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A nurse and porters will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the theatre area, a member of staff will check your details with you and you will be asked to put on a disposable hat.

What should I expect after my operation?

After your operation you will be kept in the theatre recovery room before being transferred back to the ward.

A nurse will check your pulse, blood pressure and breathing regularly.

It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.

You may have had a gauze pack inserted into your back passage during surgery. This will be removed before you are discharged.

The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer you an injection or tablet to help this sick feeling go away.

The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

Going Home

If the doctor discharges you on the same day of your operation, you cannot leave the ward until:

- You have had something to eat and drink.
- You have passed urine.
- You are recovered from your anaesthetic.
- Any medicines or appointments have been organised by the nursing staff.

If you are discharged on the day of your operation, **you must have a friend or relative to take you home and have a responsible adult to stay with you for 24 hours.**

For next 24 hours **you must not**

- Travel alone
- Drive a car or ride a bicycle
- Operate machinery (including domestic appliances such as a kettle)
- Climb ladders
- Make important decisions; sign any business or legal documents
- Drink alcohol.

You **should**

- Take it easy for the rest of the day and avoid strenuous activity.

- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

Discharge Information

- You will be given some painkillers to go home with, and some opening medicine (laxative) to make sure you do not become constipated.
- You will be quite sore for a few days so it is better to take the laxative to keep your motion soft. Once your back passage is pain free you can stop taking the opening medicine.
- You should expect some slight spotting of blood from your back passage but if it is more than this please contact your GP.
- You should have a daily bath or shower and clean around your back passage each time you have your bowels opened.

To prevent this problem happening again:

- Eat plenty of fibre, fresh fruit and vegetables (anything with pips and skins is full of fibre).
- Shredded Wheat and Weetabix are good high fibre cereals to have for your breakfast.
- Drink plenty of water, at least six glasses a day. (Tea and Coffee **do not** count).
- You can take natural bran in your diet. You can buy it from the health food shop but only use one teaspoon a day. You can disguise the taste by sprinkling it on porridge, soup or cereal. It can be added to gravy or casseroles

- Try and take regular exercise.
- Don't ignore the feeling of needing the toilet. This results in a bigger and harder motion making it more difficult to pass.
- Don't strain at all when on the toilet.
- Don't spend a long time sitting on the toilet - no reading or doing the crossword.
- Remember some painkillers taken regularly can cause constipation.

Getting back to normal

Remember that you have just had an operation. It is normal to feel more tired than usual for a few days afterwards.

Driving

You should be able to resume driving two weeks after your surgery. We advise you to inform your insurance company to check the conditions of your policy.

Returning to work

Before you are discharged, a medical certificate (sick note) may be issued by your hospital doctor to cover the expected time off you will need. You should be able to return to work in about two weeks.

Further Appointments

You will be given an outpatient appointment before you are discharged.

Further information

If you have any queries or concerns, please contact the ward where you had your surgery or telephone your family doctor (GP) for advice.

Author: Colorectal Nurse Specialist

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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