



Colon & Rectal Surgery

Anal Abscess/Fistula

What is an anal abscess?

An anal abscess is an infected cavity filled with pus near the anus or rectum. A patient who feels ill and complains of chills, fever and pain in the rectum or anus could have an anal abscess or fistula (see below).

What is an anal fistula?

An anal fistula almost always is the result of a previous abscess. A fistula is a small tunnel connecting the anal gland from which the abscess arose to the skin of the buttocks outside of the anus.

What causes an abscess?

An abscess results from an acute infection of a small gland just inside the anus after bacteria or foreign matter enters the tissue through the gland. Certain conditions—colitis or another inflammation of the intestine, for example—make these infections more likely.

What causes a fistula?

After an abscess has been drained, a tunnel may form connecting the anal gland from which the abscess arose to the skin. Ongoing drainage from the outside opening may indicate the presence of a tunnel. If the outside opening of the tunnel heals, recurrent abscesses may develop.

What are the symptoms of an abscess or fistula?

Symptoms of both ailments include constant pain, sometimes accompanied by swelling, that is not necessarily related to bowel movements. Other symptoms include irritation of the skin around the anus, drainage of pus (which often relieves the pain), fever and feeling poorly in general.

Does an abscess always become a fistula?

No. A fistula develops in about 50% of abscess cases. Unfortunately, there is no way to predict if a fistula will occur.

What are treatment options for an abscess?

Treatment consists of draining the pus from the infected cavity and making an opening in the skin near the anus to

relieve pressure. Often, this procedure can be performed in the doctor's office using a local anesthetic.

A large or deep abscess may require hospitalization and use of a different anesthetic method. Hospitalization also may be necessary for patients prone to more serious infections, such as those with diabetes or weak immune systems. Antibiotics usually are not an alternative to draining the pus because antibiotics are carried by the blood stream and do not penetrate the fluid within an abscess.

What about treatment for a fistula?

Surgery is needed to cure a fistula. Although this surgery usually is straightforward, complications can occur. Thus, a colon and rectal surgeon often performs this operation.

Fistula surgery may be performed at the same time as abscess surgery, although fistulae often develop 4-6 weeks (sometimes even months or years) after an abscess is drained.

Fistula surgery usually involves cutting a small portion of the anal sphincter muscle to open the tunnel, joining the external and internal opening and converting the tunnel into a groove that will then heal from within outward. Most of the time, this operation can be performed on an outpatient basis or with a short hospital stay.

Some fistulas go deep into the muscle. These types of fistulas may require a different procedure using a seton or ligation of the fistula tract. Although more complicated, this operation also is performed as outpatient surgery.

How long does it take before patients feel better?

Discomfort after fistula surgery can be mild to moderate for the first week and can be controlled with pain pills. The amount of time lost from work or school usually is minimal.

Treatment of an abscess or fistula is followed by a period of time at home, where soaking the affected area in warm water (sitz bath) is recommended 3-4 times a day. Stool softeners may be recommended as well. To prevent the drainage from soiling clothes, some patients wear a gauze pad or mini-pad. Bowel movements do not affect healing.

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Can an abscess or fistula recur?

If properly healed, the problem usually will not return. However, it is important to follow the directions of a colon and rectal surgeon to prevent recurrence.

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