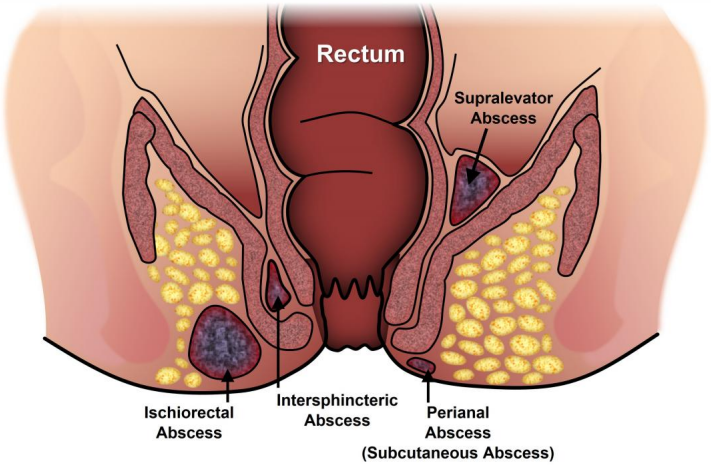
ASCRS
American Society of Colon & Rectal Surgeons

Abscess and Fistula

ANAL ABSCESS AND 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 get a fistula. However, a fistula can also occur without an abscess.

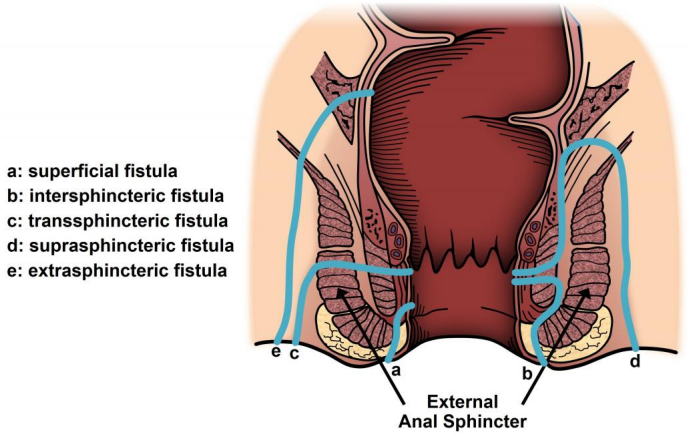


CAUSES

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. When the infection is serious, this often leads to 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.

SYMPTOMS

A patient with an abscess may have pain, redness or swelling in the area around the anal area or canal. Other common signs include feeling ill or tired, fever and 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.



DIAGNOSIS

Most anal abscesses or fistulas are diagnosed and managed based on clinical findings. Occasionally, imaging studies such as ultrasound, CT scan or MRI can help in the diagnosis and management of deeper abscesses and may be used to visualize the fistula tunnel.

TREATMENT

The treatment of an abscess is surgical drainage under most circumstances. It is important that your surgeon be very familiar with 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 your surgeon's office with local anesthetic or in an operating room under general anesthesia. Some patients with more severe disease may require multiple surgeries to take care of the problem. Patients who tend to get more severe infections due to diabetes or immunity problems may need to be hospitalized

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 as this could lead to problems with bowel control (fecal incontinence). If the fistula track does involve a large portion of the sphincter muscle, other more involved surgeries are done to treat the fistula without harming the sphincter muscle. More difficult cases may require multiple surgeries.

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 your physician with an accurate medical history and undergoing a physical exam are important steps in deciding if antibiotics are required.

POST-TREATMENT PROGNOSIS

Your surgeon will advise you on proper postsurgical care. Unfortunately, despite proper treatment and complete healing, an abscess or a fistula can come back. If an abscess comes back, it suggests that perhaps there is a fistula that needs to be treated. If a fistula comes back, additional surgery will likely be required to treat the problem.

WHAT IS A COLON AND RECTAL SURGEON?

Colon and rectal 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 colon and rectal surgeons complete residencies in general surgery and colon and rectal surgery, and pass intensive examinations conducted by the American Board of Surgery and the American Board of Colon and Rectal Surgery. They 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 if indicated to do so.

DISCLAIMER

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