Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Anal Fistulectomy

1. Introduction

1.1. A fistula is a channel connecting two cavities. Anal fistula is an abnormal channel connecting gut to the outer skin around the anus. The cause is unknown but most patients had a history of anal abscess. People suffering from anal fistula need a surgery, namely fistulectomy as definitive treatment.

2. Procedural Preparation

2.1. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.
2.2. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by the anesthetist with consent for anesthesia signed.
2.3. A rectal enema may be required before surgery.
2.4. The body hair around the anus may be clipped as necessary.
2.5. Do not eat or drink for at least 6 to 8 hours prior to surgery, in order to reduce the risk of vomiting and aspiration pneumonia during surgery.

3. Procedure

3.1. This surgery will be performed under general anesthesia. Inflamed tissue will be removed. The wound will be packed with a disinfectant soaked gauze. Daily wound dressing is necessary until the wound heals completely.
3.2. In general, blood stained discharge may be observed from the wound when healing takes place. Regular sitz bath and daily wound dressing are required as well as after each bowel opening.

4. Recovery Phase

4.1. Fatigue, nausea or vomiting may be experienced after general anesthesia. If the symptoms persist or aggravates, please inform the nurse for assistance.
4.2. Unless there is special instruction prescribed by the doctor, most people are able to move around and eat and drink once the anesthetic has worn off (around 6 hours after the surgery).
4.3. Request for the prescribed oral or parenteral analgesic for pain relief is encouraged.
4.4. Take shower as usual is allowed but the area around anus should be kept dry at all times.
4.5. Please follow instructions to take the prescribed medications.
4.6. Daily balanced diet with plenty of water intake will help to maintain a good bowel habit. High fiber foods such as oatmeal, bananas, vegetables…etc., can also prevent constipation.
4.7. Please attend the follow up session at the specified date and time.

5. Possible Risks and Complications

5.1. Complications related to surgery:
  5.1.1. 1-2% of patients may have fecal incontinence.
  5.1.2. 1-2% of patients appear fart out of control.
5.2. Complications related to general anesthesia:
  5.2.1. Cardiovascular system: myocardial infarction or ischemia, stroke, venous thrombosis, pulmonary embolism, etc.
  5.2.2. Respiratory system: pulmonary atelectasis, pneumonia, asthma and chronic obstructive airway disease attack.
  5.2.3. Allergic reaction and anaphylactic shock might also occur.

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6. Remark

6.1. This information sheet provides general information pertaining to this operation or procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

7. Reference

7.1. Information Pamphlet: Fistulectomy. Princess Margaret Hospital, Department of Surgery.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____