

TO STUDY THE OUTCOME OF FISTULECTOMY WITH PRIMARY CLOSURE (CLOSED FISTULECTOMY IN TREATMENT OF FISTULA IN ANO)

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ABSTRACT

Objective: The primary objective of the study is to study the outcome of fistulectomy with primary closure (closed fistulectomy in treatment of fistula in ano, in the Department of Surgery, Ananta Institute of Medical Sciences and Research Centre, Rajsamand (Rajasthan). A pro forma containing patient demography and variables from history, clinical examination, investigations, operation undergone and outcome, is designed. Physiological data were be entered before operation and Operative data were be entered at the completion of operation. A total of 100 cases all these were operated by either of two methods, that is, open lay method (fistulomy or fistulectomy) or closure method (fistulectomy with primary closure/closed fistulectomy). Type of procedure was decided by surgeon only.

Methods: A pro forma containing patient demography and variables from history, clinical examination, investigations, operation undergone and outcome, is designed. Physiological data were be entered before operation, and operative data were be entered at the completion of operation. A total of 100 cases all these were operated by either of two methods, that is, open lay method (fistulomy or fistulectomy) or closure method (fistulectomy with primary closure/closed fistulectomy).

Results: Of the 80 cases treated by surgery, most of them were between 20 and 40 years of age. The age distribution of patients of two groups is compared with each other. Out of total 80 cases, (76%) were having low variety fistula and (24%) had high variety of fistula. In total patients, the maximum post-operative hospital stay was found to be 24 days and minimum 2. The average was found to be 5.88 days. In Closure method, the maximum post-operative hospital stay was found to be 4 days and minimum 2. The average was found to be 2.59 days. In open method, the maximum post-operative hospital stay was found to be 24 days and minimum 5 days. The average was found to be 9.17 days. The most common age group affected by fistula in ano found to be 31–40 years. Average found to be 34.7 years. Post-operative hospital stay was lower in patients of closed fistulectomy, with average stay of 2.59 days. Hence, from our study, we can conclude that complications and recurrence rate with closed fistulectomy are much lesser than open procedure. Even patient's acceptance and satisfaction after closed fistulectomy is very good.

Conclusion: The most common age group affected by fistula in ano found to be 31–40 years. Average found to be 34.7 years. Post-operative hospital stay was lower in patients of closed fistulectomy, with average stay of 2.59 days. Hence, from our study, we can conclude that complications and recurrence rate with closed fistulectomy are much lesser than open procedure. Even patient's acceptance and satisfaction after closed fistulectomy is very good.

Keywords: Fistula-in-ano, open fistulectomy, closed fistulectomy

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INTRODUCTION

Fistulas are typically treated with a medical procedure to eliminate the fistula and fix the harm it has caused. Following careful treatment, the patient is given a course of anti-infection agents to forestall contamination and guarantee the region recuperates properly [1]. Related to a medical procedure to treat fistulas, it is additionally significant that the fundamental condition causing the fistula is overseen appropriately to forestall a repeat. Fistulotomy and fistulectomy are the two most normal careful medicines for fistulas [2].

Careful medicines for fistulotomy are done fully intent on accomplishing a few things: The fistula should be depleted to eliminate discharge and other liquid, the fistula plot itself should be opened or taken out, and the harm should be fixed to forestall further repeat of fistulas [3]. At long last, the technique is done with the expectation that structure and capacity of the harmed tissue can be reestablished to ordinary. Contingent on the area and nature of a particular fistula, either a fistulotomy or a fistulectomy is proceeded as a careful treatment [4].

The present trend in the treatment of fistula in ano lies in radical excision of the tract and removal of major portion of the surrounding tissue for

a thorough drainage. The dressings in the postoperative period are painful and have to be meticulous to avoid recurrence. The frequency of recurrence in spite of radical excision rates pretty high in this disease. In a study of 500 cases at Mayo clinic that 43% had undergone from 1 to 14 operations that had been unsuccessful [5].

MATERIALS AND METHODS

The study was be carried out as a prospective and retrospective study, in the Department of Surgery, Ananta Institute of Medical Sciences and Research Centre, Rajsamand (Rajasthan) from Jan 2021 to Nov 2021. A pro forma containing patient demography and variables from history, clinical examination, investigations, operation undergone and outcome, is designed. Physiological data were be entered before operation, and operative data were be entered at the completion of operation. A total of 100 cases all these were operated by either of two methods, that is, open lay method (fistulomy or fistulectomy) or closure method (fistulectomy with primary closure/closed fistulectomy). Type of procedure was decided by surgeon only.

Methods

A detailed clinical history was obtained and a thorough systemic and local examination of the patient done. Patient consent was taken and

ethical committee approval was also obtained. The following records were kept.

1. Name of patient, Registration number, date of admission, date of admission, date of operation, address.
2. Factors which may have bearing on the etiology of fistula in ano were studied in details.
 - a. Age and Sex.
 - b. History of similar disease in parents and other family members.
 - c. Dietary habits
 - d. Occupation
 - e. History of trauma to the perianal/ischioanal region.
 - f. History of bleeding per rectum.
 - g. History of any other ano rectal disease.
 - h. History of any ano rectal surgery, for example, for a fistula hemorrhoids, fissure and prolapse.
 - i. Presence of any systemic disease, for example, tuberculosis, ulcerative colitis, where fistula in ano may be present as a part of disease process were considered. Cases suffering from these are excluded from the study.

RESULTS

Of the 80 cases treated by surgery, most of them were between 20 and 40 years of age. The age distribution of patients of two groups is compared with each other in the above Table 1.

Out of total 80 cases, (76%) were having low variety fistula and (24%) had high variety of fistula (Table 2).

In total patients, the maximum post-operative hospital stay was found to be 24 days and minimum 2. The average was found to be 5.88 days.

In Closure method, the maximum post-operative hospital stay was found to be 4 days and minimum 2. The average was found to be 2.59 days.

In Open method, the maximum post-operative hospital stay was found to be 24 days and minimum 5 days. The average was found to be 9.17 days (Tables 3 and 4).

DISCUSSION

Fistula-in-ano is a typical perianal condition that is related with calculable bleakness and burden to the patient. The standards of butt-centric fistula medical procedure are to dispense with the fistula, forestall repeat and protect sphincter work. Achievement is normally controlled by ID of the essential opening and separating minimal measure of sphincter muscle possible [6].

The customary treatment of fistula in ano lies in extremist extraction of lot with expulsion of significant piece of the encompassing tissue and leaves the injury (open strategy/open fistulectomy/fistulotomy). This striking advance makes the helpless patient a survivor of a broad careful injury which presents different issues in mending in contrast with different injuries. The dressing in the post employable time frame must be meticulous, to keep away from repeat. It is likely hence that the recurrence of repeat disregarding the extreme extraction rates pretty high in this disease [7]. The gravity of issue of the employable treatment is best decided from the finish of John McGivney that "the usable strategies for ano rectal fistulae can be a test to the most keen specialist. The opportunities for super durable in/instance of fistula in ano after medical procedure don't surpass 50% even with the most safe approximation [8].

Other than having high paces of repeat, the activity (open strategy) for fistula in ano is typically trailed by a curiously significant stretch of healing during which the patient needs to remain in the clinic and go through an agonizing method of careful dressing a few times ordinary. While the actual dressing offers a difficulty for himself and panics him, the patient likewise needs to bear the mental injury of conveying bigger wounds [9].

Table 1: Age incidence in studied group

Age group (years)	Group A (%)	Group B
11-20	4 (10.2)	5 (8.2)
21-30	10 (25.6)	18 (29.5)
31-40	17 (43.5)	21 (34.4)
>40	8 (20.4)	17 (27.9)
Total	39	61

Table 2: Type of fistula

Type	Number of patients	Percentage
Low	76	76
High	24	24
Total	100	100

Table 3: Classification

Classification	Number of patients	Percentage
Intersphincteric	81	82
Transsphincteric	18	17
Suprasphincteric	01	1
Extrasphincteric	-	-

Table 4: Hospital stay after procedure in various methods

Groups	Minimum hospital stay	Maximum hospital stay	Average hospital stay
Closure method (closed fistulectomy)	2 days	4 days	2.59 days
Open method (fistulotomy/open fistulectomy)	4 days	24 days	9.17 days

CONCLUSION

The most common age group affected by fistula in ano found to be 31-40 years. Average found to be 34.7 years. Post-operative hospital stay was lower in patients of closed fistulectomy, with average stay of 2.59 days. Hence, from our study, we can conclude that complications and recurrence rate with closed fistulectomy are much lesser than open procedure. Even patient's acceptance and satisfaction after closed fistulectomy is very good.

AUTHOR CONTRIBUTIONS

All the authors have made equal contribution.

DECLARATION OF COMPETING INTEREST

No potential conflicts of interest were disclosed.

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