IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)
e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 22, Issue 3 Ser.2 (March. 2023), PP 12-14
www.iosrjournals.org

A Comparative Study on Management of High Anal Fistula Through Seton Technique And Ligation of the Intersphincteric Fistula Tract (LIFT)

Date of Submission: 24-02-2023 Date of Acceptance: 05-03-2023

AIM:
The aim of this thesis is to compare the outcomes between seton and the LIFT techniques in the management of the High anal fistula

OBJECTIVE:
The main objective of this thesis is to compare the seton and the LIFT techniques in terms of Feasibility of the technique
Postoperative pain and use of analgesia
Healing time
Recurrence rate
Occurrence of fecal incontinence.

I. Background:

Fistula-in-ano is the most common benign anal pathology in everyday practice surgery OPD .The priority in the treatment of an anal fistula were to eradicate sepsis and to prevent the primary fistula opening in addition to any tracts and any other secondary openings with normal faecal continence. Conventional fistulotomy is the most commonly employed procedure and still followed by majority of surgeons as the standard of care for the treatment of perianal fistula.Ligation of the Intersphincteric Fistula Tract (LIFT) , the sphincter-preserving method for the management of anal fistula.

II. Materials & Methods:

DESIGN OF STUDY: Prospective study
PERIOD OF STUDY: 1 year
SELECTION OF STUDY SUBJECTS: Patients between 18-60 years of age posted for surgical management of the anal fistula
DATA COLLECTION: Data collected include age, gender, diagnosis, total leucocyte counts, surgical site infection, post operative Pain, recurrence rate, healing time, fecal incontinence

INCLUSION CRITERIA
Patients between 18-60 years of age groups in both sexes in GRH Madurai presenting with anal fistula.
Patients giving informed consent for the procedure.
Patient without any comorbidities.

EXCLUSION CRITERIA:
Patients less than 18 years and more than 60 years of age
Patients with uncontrolled diabetes, hypertension, chronic kidney disease or immunosuppressive therapy.
Denial of consent.
Pre -existing incontinence.
Patients with fistula in ano associated with inflammatory bowel disease, tuberculosis, malignancy.

III. Methodology:

From 2022 - 2023, patients presenting with Anal Fistula in GRH Madurai will be included in this study.
Patients will be classified into two groups according to the surgical procedure performed as follows:
Group A (patients with odd numbers): Patients undergoing cutting Seton.
Group B (patients with even numbers): Patients undergoing LIFT technique

After taking detailed history, all the patients will be investigated and required laboratory investigations will be done. Demographic and clinical variables will be recorded at the time of admission. Patients who have given consent for the study will be randomized

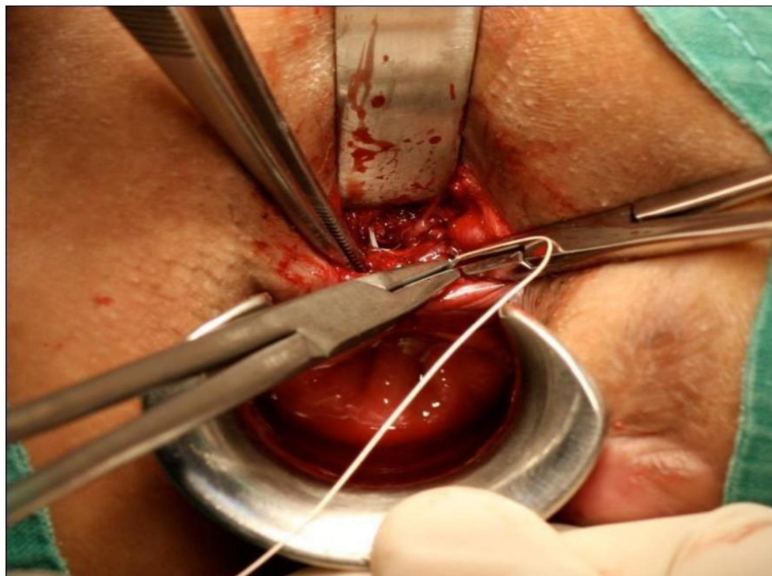
LIFT technique

The internal opening was identified.The intersphincteric plane was entered via a curvilinear incision corresponding to the site of the internal opening at the intersphincteric groove.

The intersphincteric plane was developed by meticulous scissor and diathermy dissection up to the tract. Once identified, a small, right-angled clamp was hooked underneath or a tape passed round it. the tract was then transfixed close to the internal sphincter with 2/0 vicryl suture.

Saline was gently injected through the external opening to confirm that the tract was no longer patent and it was then divided distal to the point of ligation. After light traction, a segment of the distal tract was excised and, if needed, any defect in the external sphincter was closed.

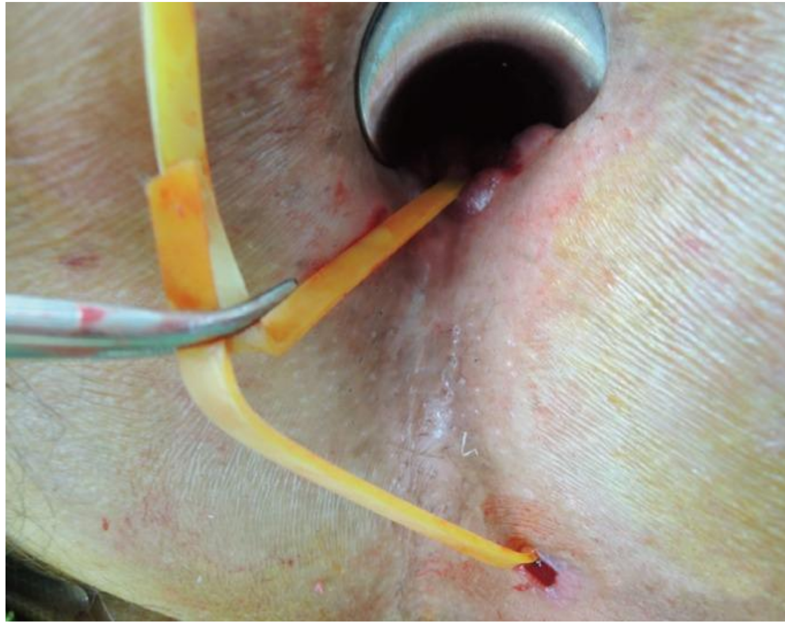
The intersphincteric incision wound was re-approximated loosely with interrupted 2/0 Vicryl. Partial core-out of the fistula tract was performed from the external opening to the external sphincter.



SETON technique:

The identification of the primary tract of the fistula and the placement of the thread can be performed in one single step. a non-absorbable, braided thread is inserted. After excision of the external opening and the extrasphincteric parts of the fistula, the thread is grasped and is pulled out of the anus.

The thread is cut in two parts. The mucosa is incised over the muscular bridge. One thread is tied snugly around the muscle; the other is tied loosely.The snugly tied seton has to be replaced after 14 days to provide appropriate tension to cut slowly trough the muscle. This can easily be achieved with the second loosely tied seton. A new thread is folded in the middle and connected to the opened sling of the loose seton using a knot. The old thread is removed and in the same maneuver two new setons are placed. Again, one thread is tied snugly around the remaining portion of the sphincter muscle; the other is tied loosely.



ANALYSIS:
The data of each patient were collected in proforma specially designed for this study and included demographic cells, clinical features, past medical history, interval between onset of symptoms and admission, operative findings, procedure performed ,histopathological report, post operative complications.

Results will be represented as graphs and tables.

XXXXXXX. "A Comparative Study on Management of High Anal Fistula Through Seton Technique And Ligation of the Intersphincteric Fistula Tract (LIFT)." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS),* 22(3), 2023, pp. 12-14.