

# **DR WP DE BEER**

**MBChB [UFS] M MED [SURG] CUM LAUDE**

## **GENERAL SURGEON/ALGEMENE CHIRURG**

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### ***Fistulotomy***

#### **What is a fistulotomy, and why is it required?**

*A fistulotomy is a surgical procedure to treat an anal fistula, which is an abnormal passage leading from the anal canal to the skin near the anus. During the surgery, the passage is opened, merging the fistula with the anal canal. The tissue is then given a chance to heal after the pus is drained.*

#### ***Details of the procedure***

##### **What type of anesthesia will be used?**

*You will have a pre-operative interview with an anaesthesiologist who will ask you questions regarding your medical history. Your anaesthesiologist will help you determine what type of anesthesia is most appropriate. The particular form of anesthesia will depend on the type of fistula, with the most common being general, local, and monitored. With a general anaesthetic, you will be asleep during surgery. With a local anaesthetic, you will be alert during the surgery, and only the incision location will be anesthetized. With monitored anesthesia care or MAC, you will be given medications to relax, and the incision location will be anesthetized.*

##### **What happens on the day of surgery?**

*The procedure may be performed within a clinic or surgery unit. Before the procedure, a nurse will review your chart and confirm that all paperwork is in order. You will then be taken to the operating room. After the appropriate form of anesthesia is administered, the surgery will be performed.*

##### **What happens during the surgery, how is it performed?**

*The surgeon must first identify the passage with a thin probe. Dye may be injected into the exterior opening to localize the other end of the passage. The tract will then be unroofed or opened using cautery, a process that involves cutting the tissue between the probe and the anal canal. At the end of the procedure, packing may be inserted.*

##### **What happens after the surgery?**

*Once the surgery is completed, you will be taken to a post-operative or recovery unit where a nurse will monitor your recovery.. Your surgeon will give you specific post-operative instructions. He or she may advise you to fast after the procedure. You should undergo a sitz bath after each*

bowel movement for two weeks. In addition, your surgeon may prescribe pain medication and stool softeners.

**How long will I be in the hospital?**

Most patients do not require a hospital stay and can be sent home the day of surgery. You may need a ride home when discharged from the hospital.

**What are the risks associated with a fistulotomy?**

As with any surgery, there are risks such as bleeding, infection, or an adverse reaction to anesthesia. Recurrence is uncommon but possible with a complex fistula pathway. There may be a degree of incontinence for stool or flatus after the surgery, which may be temporary or permanent.. Your surgeon will inform you of the risks prior to surgery.

**What should I watch out for?**

Be sure to call your doctor if any of the following symptoms appear:

- Fever
- Worsening pain
- Redness or swelling around operated area

**When can I expect to return to work and/or resume normal activities?**

Although you may experience significant pain, you should be able to resume normal activities shortly after the procedure. If you are taking narcotic medications for pain, you should not drive.

Kindly make arrangements with the office of Dr WP de Beer to obtain a medical certificate(sick note), if required.

**NB!!! IF THE WARD DID NOT BOOK A FOLLOW-UP APPOINTMENT, PLEASE CALL THE ROOMS TO DO SO.**