

Other techniques

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Video-assisted anal fistula treatment (VAAFT) involves the introduction of a rigid fistuloscope into the tract through the external opening. The scope has a channel to accommodate a forceps, brush or diathermy. The scope is passed into accessible tracks to allow lavage, curettage, cautery or the introduction of setons. VAAFT represents a form of advanced track identification and preparation before a definitive technique is performed. Fistula tract laser closure (FiLaC) uses radial emitting laser to obliterate the luminal aspect of the fistula to a known depth, throughout its length. An over-the-scope clip (OTSC) involves closing the internal opening using a nitinol clip, disconnecting the external tract. Clip migration and elective removal because of pain are the main complications. The FISCLOSE trial is currently recruiting. Summary box 80.12 Anorectal fistulae

(c) Figure 80.38 Ligation of an intersphincteric fistula tract. (a) is identified in the intersphincteric space. (c) The fistula tract is divided between right-angled forceps and transfixed with 2/0 vicryl sutures. (d) Wound closure and intact tract ligation is confirmed with a probe (courtesy of Mr Rory Kennelly, FRCSI, Dublin, Ireland). Are classified according to the relationship to the anal sphincters The majority are simple and may be safely treated by fistulotomy Complex fistulae require detailed anatomical assessment that may include MRI Staged treatment including use of setons should be considered LIFT, flap advancement, VAAFT, FiLaC and OTSC allow sphincter preservation Biological therapy is used in multimodality treatment of fistulae associated with Crohn's disease

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