Evaluating the Short Term Results of the Bioabsorbable Fistula Plug for Management of Anal Fistulas

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INTRODUCTION

The treatment of anal fistulas remains difficult due to their tendency for recurrence and the risk of incontinence with surgical intervention. Success rates for management of anal fistulae using bioprosthetic collagen fistula plugs show a wide range from 14% to 88%.

OBJECTIVE

To evaluate the short-term results of the newly developed fistula plug for surgical management of anal fistula in our patient population.

METHODS

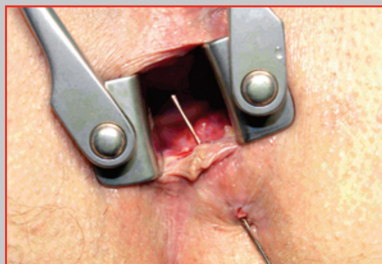
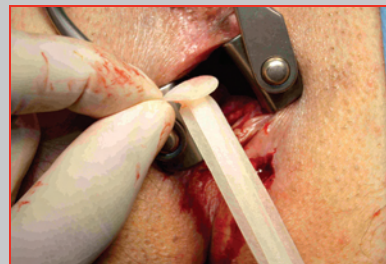
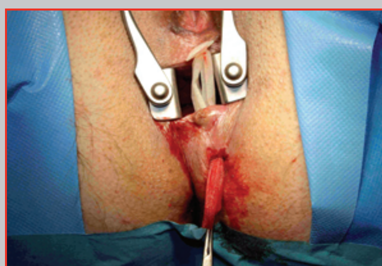
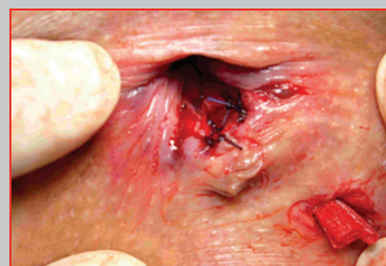
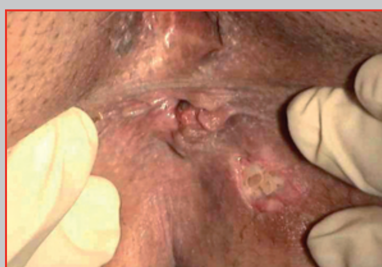
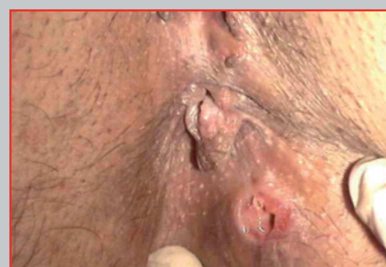
A retrospective analysis of all patients which were managed for anal fistula using a bioabsorbable plug during the period October 2009 to April 2011 was carried out. The decision to use a bioabsorbable fistula plug was made intraoperativly. Inclusion criteria: A transsphincteric fistula tract longer than 2 cm, patients deemed to have a high risk of fecal incontinence. Exclusion criteria: Presence of abscess.

RESULTS

25 patients (mean age 48+/-13 years) were treated by a bioabsorbable fistula plug with mean follow up of 281 +/- 190 days. 48% (n=12) had undergone previous surgery for an anal abscess or fistula. Early loss of the fistula plug occurred in 4% (n=1) of patients, a further 4% (n=1) experienced post operative pain without evidence of infection which required removal of plug. On follow up 44% (n=11) had complete healing of the fistula tract, 40% (n=10) had a small remaining fistula which required fistulotomy and in 8% (n=2) of patients a transsphincteric fistula was still persistent.

CONCLUSIONS

The bioabsorbable fistula plug provided acceptable results in our patient population with low complication rates. It may be especially useful for patients, with former surgery for anal fistula. In our experience, when the fistula tract persists, it is more superficial and a fistulotomy may be performed in most cases without a risk of incontinence. Further studies may help to clarify the success rates and to compare this plug with the bioprosthetic collagen fistula plug, which has the same treatment indication.

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