

Clinical Practice Guidelines: Fistula in Ano (1/3)



Abscess is treated by I&D (1C).

Antibiotics should be reserved for cellulitis, systemic signs of infection, or underlying immunosuppression. 2B.



Simple fistula-in-ano with normal sphincter function may be

treated with lay-open fistulotomy. 1B.



Fistula-in-ano may be treated with:
Endorectal advancement flap,
Transsphincteric fistulas may be treated
with ligation of the intersphincteric
fistula tract (**LIFT**) **procedure.** 1B.
(Both may be used with Crohn's
fistulas) 1B.



Fistula plug and fibrin glue are ineffective
1B.



A **cutting seton** may be used
selectively in complex
cryptoglandular anal fistulas. 2C



Endoscopic or laser closure
techniques have reasonable short-
term healing but unknown long-term
healing and recurrence rates. 2C.



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Clinical Practice Guidelines: Fistula in Ano (2/3)



Imaging may be considered with occult abscess, recurrent or complex fistula, immunosuppression, or Crohn's 1B.



Draining setons are useful in the multimodality therapy of fistulizing anorectal Crohn's disease and may be used for long-term disease control. 1B.



Patients with **uncontrolled symptoms** from complex anorectal fistulizing Crohn's disease may require **fecal diversion or proctectomy**. 1C.



Fistula associated with **Crohn's disease** is typically managed with a **combination of surgical and medical approaches**. 1B.

Local administration of **mesenchymal stem cells** is a safe and effective treatment for selected patients with refractory anorectal fistulas in the setting of Crohn's disease. 2B



DISEASES
OF THE
COLON &
RECTUM



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Clinical Practice Guidelines: Recto-Vaginal Fistula (3/3)



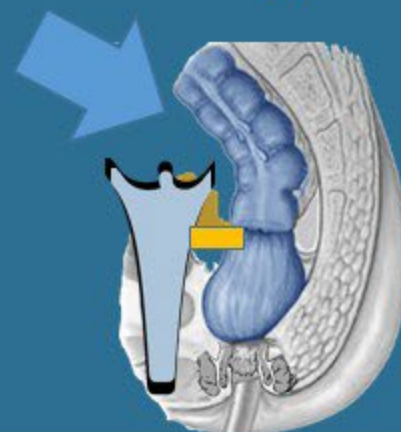
Initial nonoperative management used for the initial Tx of **obstetrical rectovaginal fistula 2C.**



Gracilis bulbocavernosus (Martius) flap for recurrent or complex rectovaginal fistulas., **1C.**



Rectovaginal fistulas that result from **colorectal anastomotic complications** often require a **transabdominal approach** for repair **1C.**



Completion proctectomy with or without colonic pull-through or coloanal anastomosis may be required to treat **radiation-related or recurrent complex rectovaginal fistula, 2C.**



Episioproctotomy may be used to repair obstetrical or cryptoglandular rectovaginal fistulas in patients **with anal sphincter defects. 1C.**



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