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MODIFIED LIFT TECHNIQUE WITH KSHAR-SUTRA AND KSHAR VARTI IN THE MANAGEMENT OF TRANS- SPHINCTERIC ANAL FISTULA

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Study description

[1]Abscesses and Anal Fistula represents about 70% of perianal suppuration, an estimated incidence of 1/10000 inhabitants per year and representing 10% of queries in coloproctology, accounting 90% with cryptoglandular in origin.

[2]A Fistula is an abnormal connection between two epithelial lined surfaces. Anal Fistula is the chronic phase of anorectal infection is characterized by chronic purulent drainage or cyclic pain associated with acute relapse of the abscess followed by intermittent spontaneous decompression.

Perianal Fistula have a troublesome pathology. Cryptoglandular disease in its acute form presents as an Anorectal Abscesses, while Fistulae are the chronic evolution of the same process. Suppuration moves from the anal gland to the inter-sphincteric space, forming an abscess leading to the development of Fistula in- Ano.[3] The incidence of Fistula following abscess is nearly 40%. A Fistula can cause pain, perianal swelling, discharge, bleeding and other nonspecific symptoms.

The diagnosis of Fistula in-Ano may include a digital rectal examination, endoanal ultrasound, Fistulogram and MRI.

The ideal treatment is based on three central principles

1. The eradication of perianal sepsis

2. Closure of the Fistula
3. Preservation of anal sphincter
4. Prevention of recurrence
5. Rapid patient recovery

The management of complex Fistula needs to balance the outcomes of cure and continence Success is usually determined by identification of the primary opening and dividing the least amount of muscle as possible. There is risk of sphincter muscle damage during fistulotomy, which can lead to an unacceptable risk of anal incontinence of varying degrees.

The surgical technique described for the treatment of Fistula in Ano are

1. Fistulotomy
2. Core-out Fistulectomy
3. Seton placement or *Kshar sutra*
4. Endorectal advancement flap
5. Injection of fibrin glue
6. Insertion of Fistula plug
7. VAAFT
8. LIFT
9. Partial Fistulectomy with *Kshar- sutra*

Surgical techniques are composed of 2 broad categories,

- Sphincter sacrificing procedures
- Sphincter preserving procedure

In general sphincter sacrificing procedures have high success rates but are associated with high rates of fecal incontinence. In contrast sphincter preserving procedures have more modest success rates but are associated with a relatively minimal risk of changes in continence.

[4]The ligation of Intersphinteric Fistula tract(LIFT) was described by Rojanasakul in 2007. This technique has become popular among providers due to its simple technique elements.

[5]Among many studies published in the literature, the success rate after LIFT ranges from 40 to 95%, with a recurrence rate of 6 to 28%. To avoid the recurrence and increase the success

viability the LIFT technique is modified with using *Kshar sutra* and *Kshar Varti*.

Detailed description

This study is a prospective study:

METHODOLOGY

Patients with Inter-sphincteric or trans-sphinteric Fistula in Ano with tract length not exceeding 9 cm is selected for the our study purpose.

Aim of the study

To study the efficiency of modified LIFT technique with Kshar- sutra and Kshar- varti.

Criteria

Inclusion criteria

- All patients who will undergo surgical intervention for anal fistula with tract length not exceeding 9cm at general surgery department of our institute.

Exclusion criteria

- Patients below age of 16 yrs old
- Patients with malignant fistula
- Patients with crohn's disease
- Patients with Tuberculosis and seropositive pateints
- Patients with uncontrolled diabetes
- Patients with high anal fistula tract length exceeding 9 cm and anal incontinence

Study design

Study type : Interventional (clinical trial)

Number of patients *:* 10 patients

Intervention model description : patients will be selected as per the set criteria and will be opted for the surgical procedure.

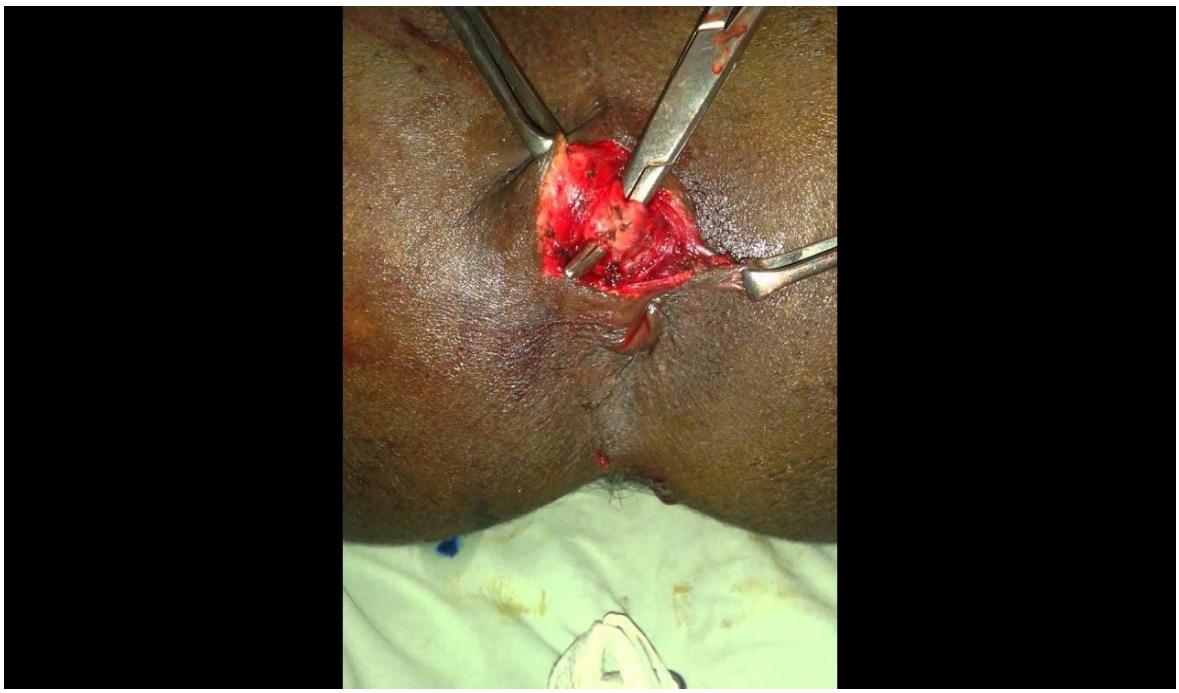
Primary purpose : treatment

Ethical clearance : ethical clearance will be taken from the ethical committee of our institute.

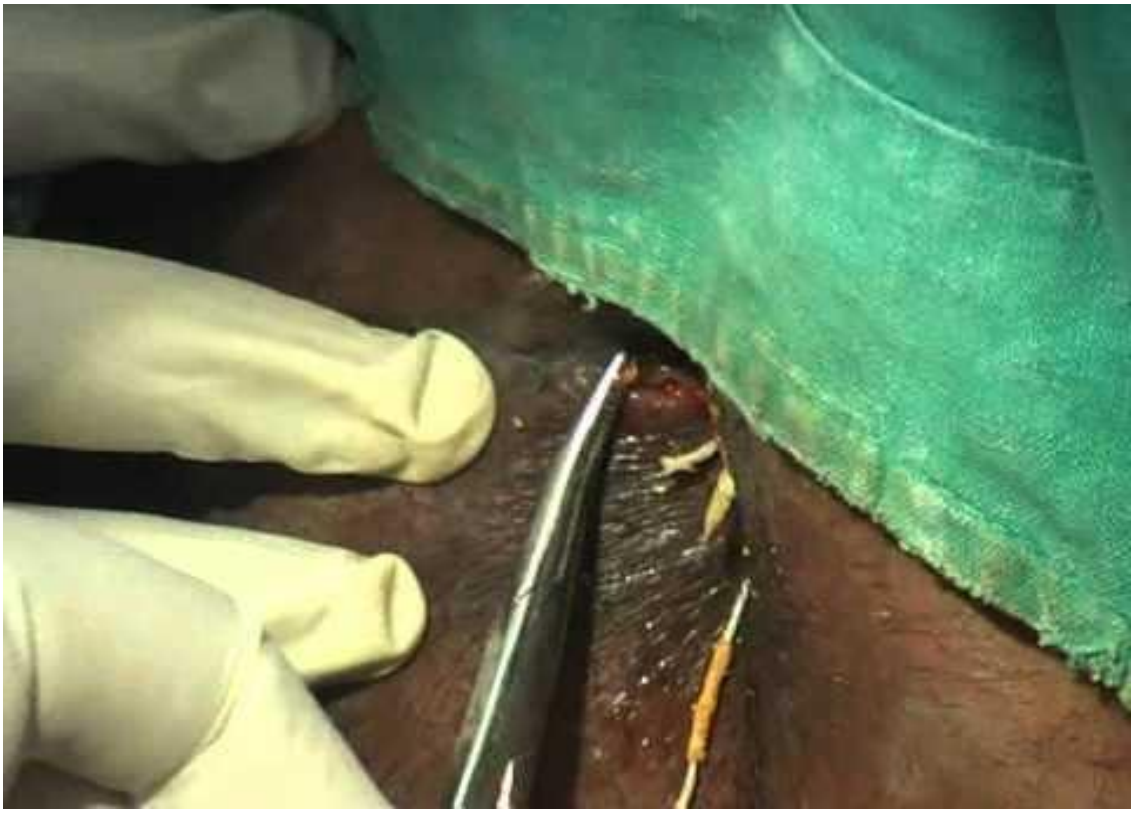
Procedure

Modified LIFT technique with *Kshar-sutra* and *Kshar –varti*.

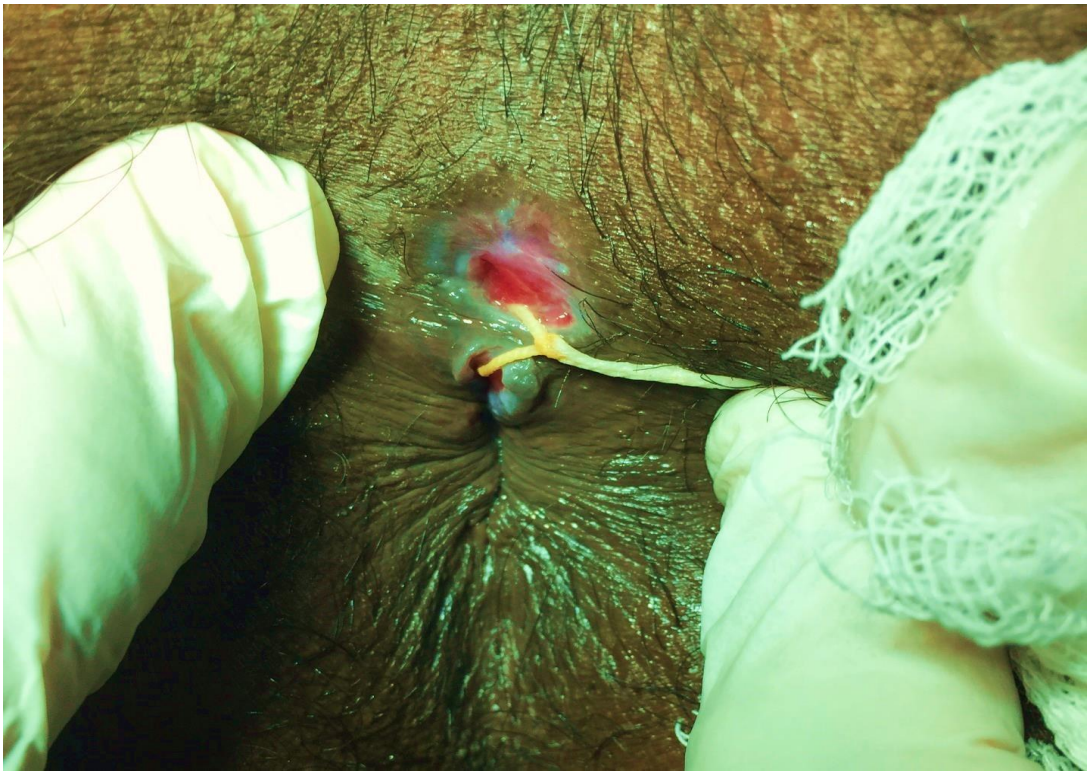
The internal opening was identified. The inter-sphincteric plane was entered via a curvilinear incision corresponding to the site of the internal opening at the inter- sphinteric groove. The inter-sphinteric plane was developed by meticulous scissors and diathermy dissection to the tract. Once identified, a small right angled clamp was hooked underneath or a artery forceps passed round it. the tract was then transfixed close to the internal spincter with 2-0 polyglactin suture. Betadine 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. some of the part of the tract was excised and the transfixed part was fixed to the underneath tissue followed by the insertion of Kshar-varti from the external opening throughout the tract upto ligation. The distal tract left was then tied with Kshar–sutra reassuring the Kshar-sutra passing through the internal opening.



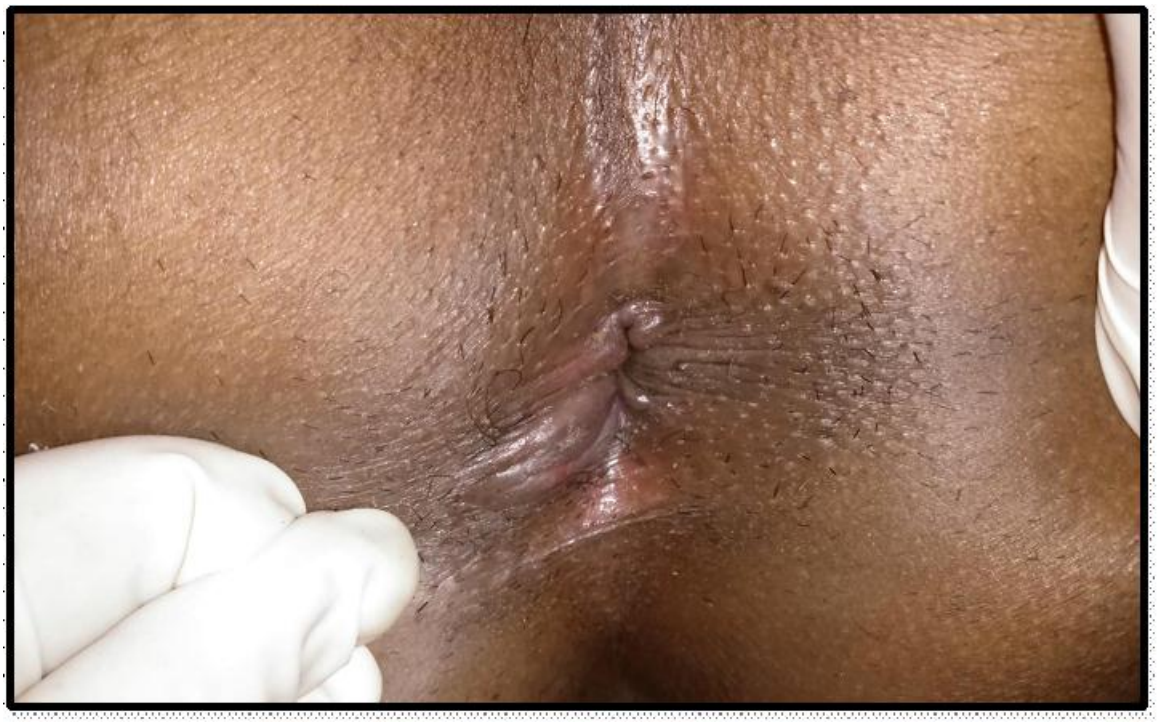
Identification of the fistula tract from intersphincteric space.



Insertion of Kshar-Sutra to the distal end of the ligated tract.



Cut-through of the left-over fistulous tract (just after two weeks).



Final picture after the procedure.

Outcomes measures

Primary outcome measures

1. Recurrence of the Fistula {time frame: up to six months from last case} re-appearance of pus discharge or pain after healing of the fistula.

Secondary outcome measures

1. Postoperative pain [Time Frame : up to 2 weeks postoperatively for each case] Intensity of postoperative pain according to the number of doses needed for analgesia
2. Fecal incontinence [time factor upto 2 months postoperatively for each case]

Patient complaining of involuntary passage of flatus or stool and confirmed by digital Rectal examination.

3. healing time of the wound [time frame: upto 3 months postoperatively for each case] number of days needed for closure of skin at external opening.

DISCUSSION

The modified LIFT technique with Kshar-sutra and kshar-varti is a new procedure in the treatment of trans-sphincteric fistulas. The aim of the this study was to evaluate its long term outcomes. Clinical data of 10 patients with trans -sphincteric perianal fistula who were managed by this technique between AUG-2019 to JAN-2020 were analyzed retrospectively.

The operation time, post-operative pain, fecal continence, healing of the wound were reviewed.

RESULTS

No serious complications occurred during the operation in all patients. The median follow – up was 6 months

1. Clinical healing of the anal fistula occurred in 8 patients
2. The mean complete healing time for the external anal fistulous opening was 2 weeks (range 2 to 4 weeks)
3. The cut -through of the remaining tract with Kshar sutra took 4 weeks
4. Post-operative pain to the patients was minimal
5. Perfect control of continence was recorded for all patients.

CONCLUSION

Modified LIFT technique with Kshar sutra and Kshar Varti for the treatment of trans-sphincteric Fistulas is a simple procedure with a high healing rate, minimal invasiveness, quick healing and without disturbance to anal function.

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