Relieving that pain in the butt

Doctors are offering two new surgical treatments that close an anal fistula without affecting patients’ faecal continence.

The 59-year-old businessman, who wanted to be known only as Mr Ng, tried, the pain just would not go away.

He recalled: “On a scale of 0 to 10, my pain was a 10. It was unbearable. I could not sleep.”

He first sought help in 2005 from his general practitioner, who referred him to the Centre for Colon and Rectal Surgery at Singapore General Hospital (SGH), where he underwent a fistula cut, which did not work.

The abscess infections slowly returned every month. He had cut open the fistula himself to try and drain the pus but the condition worsened.

By 2011, the abscess infections were so bad that Mr Ng could not walk. The skin around the fistula had become so swollen that he could not sit down or lie down.

A simple fistula crosses less than a third of the tract. This is then sutured in place. The part of the tract which lies in the intersphincteric plane is cut and the two ends are stapled together. The wound on Mr Ng’s rectum in 2011.

The study was published in the journal Diseases Of The Colon & Rectum in 2011.

Two new video-assisted procedures, Lift and Fortis Fistula Video-assisted Procedure have also been introduced at Singapore General Hospital (SGH) to treat anal fistulas.

Dr Dean Koh, senior consultant surgeon at Mount Elizabeth Novena Specialist Centre, said that the previous operations had failed to get to the root of Mr Ng’s problem — an anal fistula.

“Mr Ng was already dbiled that had formed between the anal canal and the skin surface of the buttocks caused by infections within an anal gland. The wound on Mr Ng’s buttocks was painful but it healed and the fistula recurred every month. Each time bactera entered the fistula opened inside the anal canal, causing an anal abscess, which would then burst and drain pus. Each such infection was treated by a new surgical procedure, which dismantled the fistula and prevented the recurrence of the fistula. The abscess infections slowly returned every month. He had cut open the fistula himself to try and drain the pus but the condition worsened.

When the interphincteric fistula post-lift (Lift) is not unlike a surgical tunnel, a drainage method that surgically closes the fistula, doctors said.

In this procedure, a probe is used to locate an abnormal tract, which may branch out to other pathways to result in a complex fistula. The abscess can become an enlarging abscess and can be drained. The abscess can become an abscess and can be drained. The abscess can become an abscess and can be drained. The abscess can become an abscess and can be drained.

In nine out of 10 cases, an anal fistula that is untreated for a median healing time of four weeks.

The Lift, for one, is gaining traction as a new treatment option for patients with anal fistulas.

With no standard treatment for complex fistulas, doctors offer patients whatever techniques they do have.

But each time, the pimple-like swelling, as he calls it, would continue to form on his buttocks every month, and the abscess infections slowly returned every month.

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Patients sometimes mistake anal fistulas for piles, said Dr Er Kang Ming, senior consultant surgeon and chief of Pacific Surgical and Colorectal Centre.

Living with an anal fistula is usually not unbearable, unless there is an acute infection. In patients who are not treated, the condition may become more severe and infection that gives rise to localised pus that results in further infections.

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