

Predictors of Nonhealing of Anal Fistula Following Ligation of Intersphincteric Fistula Tract Procedure



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Introduction

- Fistula-in-ano affects approximately 40% of patients with acute anorectal sepsis, presenting with symptoms such as perineal openings, purulent discharge, and pain.
- The Ligation of Intersphincteric Fistula Tract (LIFT) procedure is a sphincter-saving technique for managing fistula-in-ano.
- Despite its use, factors influencing nonhealing and recurrence of fistulas treated with LIFT remain insufficiently explored.
- This study aims to identify predictors of nonhealing and recurrence in primary, recurrent, simple, and complex anal fistulas treated with the LIFT procedure.

Materials & Methods

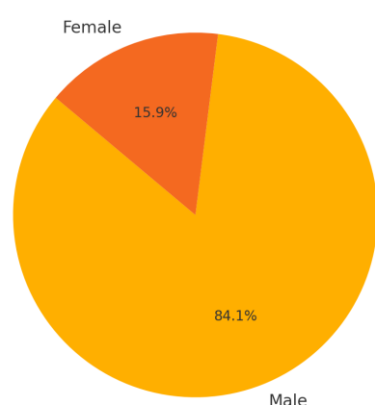
- Design** - Record-based longitudinal study conducted between July 2021 and July 2022 at AIIMS Patna.
- Study Population** - 63 patients who underwent (LIFT) procedure for anal fistulas.
- Data Collection** -
 - Demographic Details: Age, sex, BMI, addiction history, and comorbidities.
 - Clinical Presentation: Duration of symptoms, chief complaints.
 - Operative Details: Type of procedure, intraoperative findings.
 - Postoperative Outcomes: Pain scores, healing time, return to work, follow-up duration, and outcomes (healed, recurrence).
- Primary Objective:** Identify factors associated with nonhealing.
- Secondary Objective:** Assess postoperative complications, healing timelines, and quality of life.

Inclusion Criteria

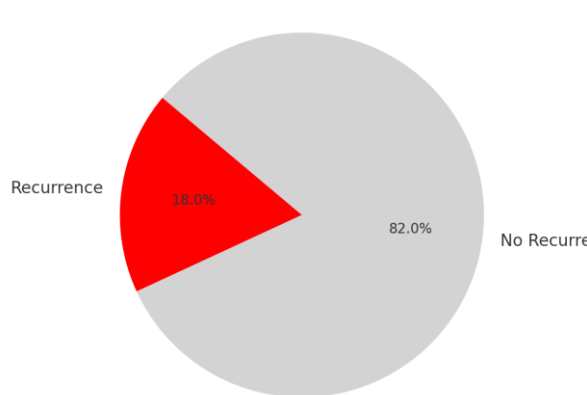
- Primary, recurrent, simple, and complex fistula
- Age >18 years
- Patients who have completed at least 3 months of follow-up

Results

Gender Distribution of Patients



Recurrence Rate of Fistula



1. Demographics and Clinical Characteristics

- Average age of patients: 48.2 years
- Sex distribution: 53 males, 10 females
- Average BMI: 26.4

2. Primary Outcomes

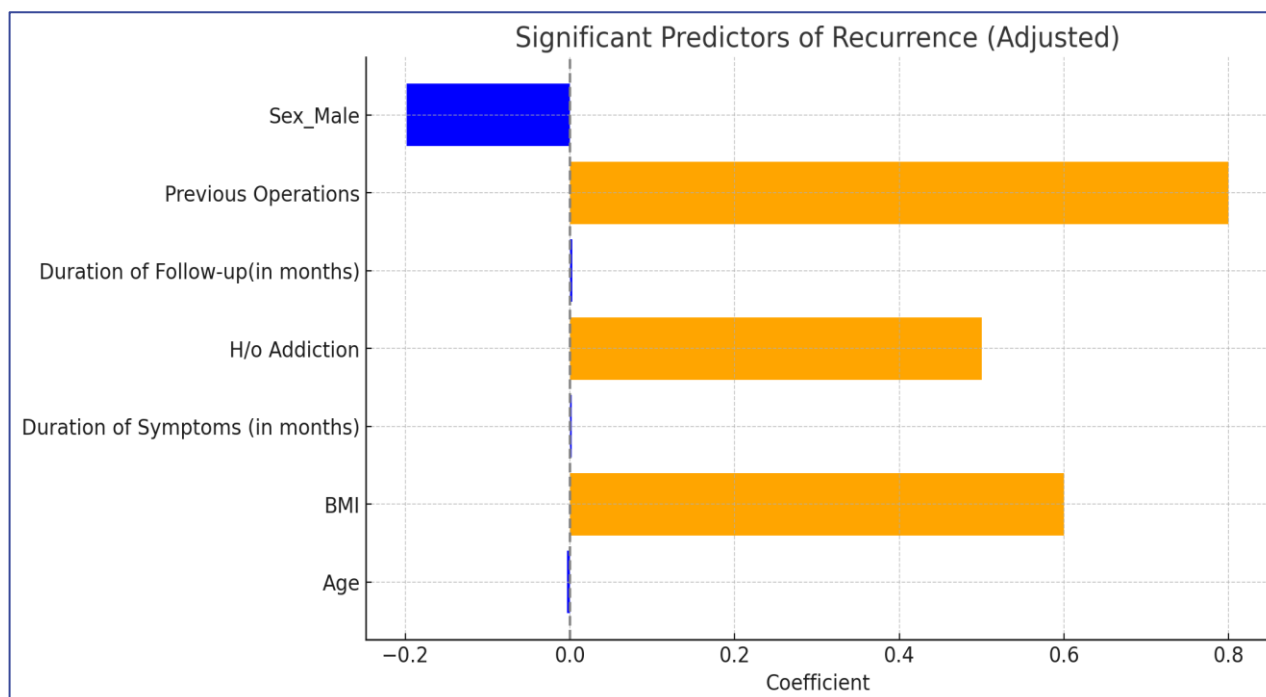
- Significant associations were found between nonhealing and BMI (OR: 1.1, 95% CI: 1.01-1.3) and length of hospital stay (OR: 1.32, 95% CI: 1.02-1.77).
- Recurrence rate: 18%

3. Risk Factors for Recurrence

- Smoking and previous fistula operations were identified as significant risk factors.
- Failure rates: Similar for simple (33.3%) and complex (35.1%) fistulas.

Conclusions

- Longitudinal Observational Study of 63 patients who underwent LIFT for Fistula in Ano.
- BMI and hospital stay are significantly associated with nonhealing. Smoking and previous fistula operations are risk factors for recurrence.
- Clinical Implications: Consider patient-related factors (BMI, smoking) in management. Optimize procedure-specific variables.
- Limitations: Small sample size, single-center design. Larger, multi-center studies needed.



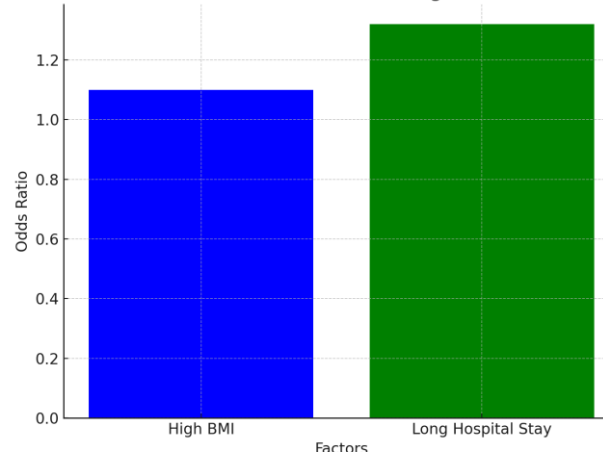
3. Postoperative Outcomes

- Common symptoms: Pain, discharge per rectum
- Median healing time: 17 days
- Time to return to work: 14-18 days
- Follow-up duration: 6-24 months

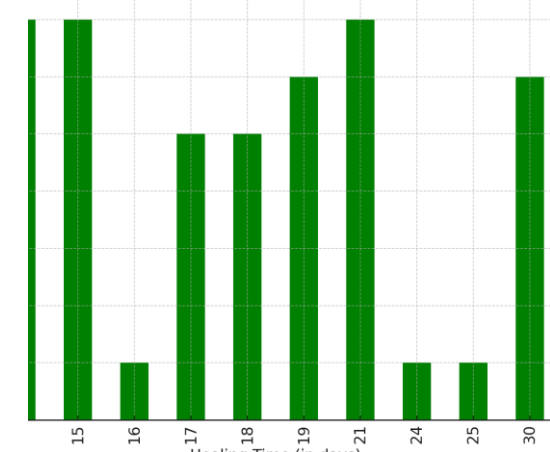
4. Quality of Life

- Postoperative complications were minimal, with no reported cases of incontinence.
- Overall satisfaction and quality of life improved post-surgery.

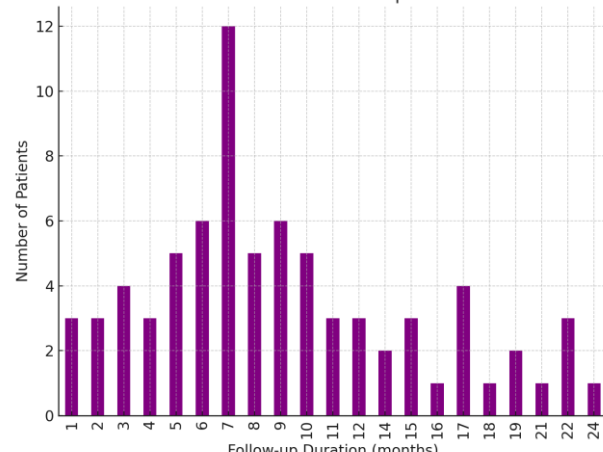
Odds Ratios for Non-healing Factors



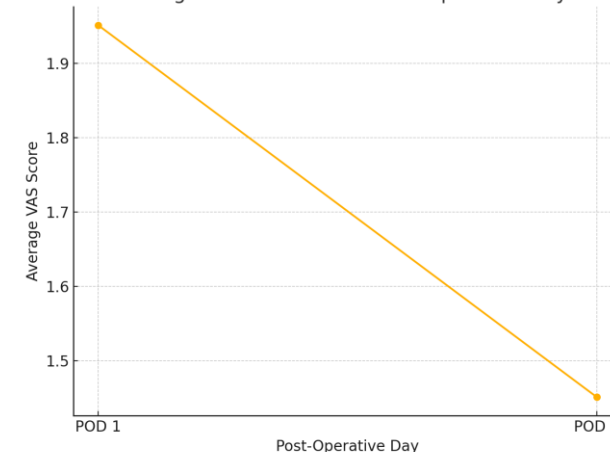
Distribution of Healing Time



Distribution of Follow-up Duration



Average Pain Scores Over Post-Operative Days



References

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