
Anew rerouting sphincter saving technique as a method of treating fistula in ano

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This study involved 30 patients with fistula-in - Ano who were operated upon by rerouting method. Of the 30 patients in this study 26 patients (86.70%) diagnostic as a transsphincteric fistula and 4 patients (13.30 %) were diagnosed as suprasphincteric fistula. Also in this study only 3 patient (9.97 %) had a minor disturbance of continence in the form of occasional escape of flatus, while none (0 %) had major disturbance of continence and only one case (4.55 %) show recurrence during the period of follow up for 6 month.in conclusion, re-routing has tackled the problem of being over cautious or over enthusiastic in handling a fistula for fear of causing incontinence or recurrence. This was found to be applicable to suprasphincteric and extrasphincteric fistula, for the basis is to create a hole through the muscle layer and not to divide it, thus the puborectalis ring remain intact. Preservation of the external sphincter gave excellent results.The procedure "re-routing" also decrease the raw area created by formal fistulectomy, thus decreasing perianal soling and scarring which is responsible for defects in control later on due to deformity. Placement of a cutting seton has negated the need for a second stage decreasing the morbidity of re-operation. Minor setback of the procedure include prolonged operative time, pain for long time due to the presence of seton especially on seating, perianal discharge and itching also this procedure need a special surgical expertise and skills.