

STUDY OF EXPECTED OUTCOME PARAMETERS FROM ANAL FISTULA SURGERY PREFERRED BY PATIENTS AND OPERATING SURGEONS

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Purpose/ Background

There are several procedures in vogue for fistula-in-ano which have different recurrence rates and varying impact on incontinence. Amidst this plethora of available procedures, which outcome parameters would be given preference by patients and the operating surgeon was studied. This has not been studied before

Methods/ Interventions

Patients suffering from fistula-in-ano and surgeons who regularly operated fistula-in-ano were interviewed by a questionnaire. They were asked to rank the seven outcome parameters of fistula-in-ano surgery in order of their preference. The seven outcome parameters were-less pain, low recurrence rate, smaller incision, minimal incontinence to solid stools, minimal incontinence to liquid stools, minimal incontinence to flatus and early ambulation.

Results/Outcome(s)

30 patients of fistula-in-ano and 26 surgeons were included in the study. The mean age(years) was 39±9.5(patients) and 48.6±8.8(surgeons).M/F-20/10 (patients) and 25/1(surgeons). Fistula-in-ano was recurrent in 17/30 (57%) patients. There were 1 grade-I, 6 grade-II, 5 grade-III, 14 grade-IV and 4 grade-V fistulas(St James University Hospital classification). 6 surgeons had experience of operating fistula-in-ano for 0-10 years, 8 had 11-20 years and 12 had 21-40 years. Cases of fistula-in-ano operated/year:1-10= 4 surgeons, 11-30=0, 31-50=8, 51-70=4, >71=10. The most preferred outcome for patients was 1- Minimal incontinence to solid stools (30/30, 100%), 2- Minimal incontinence to liquid stools (30/30, 100%), 3- Less recurrence(28/30, 93.3%), 4-Less pain(14/30, 46.7%), 5-Small incision(15/30, 50%), 6-Minimal incontinence to flatus(10/30, 33.3%),7-Early ambulation(17/30, 56.7%) . The most preferred outcome for surgeons was 1-Minimal incontinence to solid stools (26/26, 100%), 2-Minimal incontinence to liquid stools (24/26, 92.3%), 3-Less recurrence(19/26, 73.1%), 4-Minimal incontinence to flatus (8/26, 30.8%), 5-Less pain(11/26, 42.3%), 6- Early ambulation (10/26, 38.5%), 7- Small incision (14/26, 53.8%) . The top three preferences expectedly remain minimal incontinence to solid and liquid stool and less recurrence. However, after these, the patients preferred less pain and small incision whereas the surgeons gave more preference to minimal flatus incontinence and least preference to small incision. (Table-1)

Conclusions

The top three preferences by both patients and surgeons were minimal incontinence to solid and liquid stool and less recurrence rate. However, the patients gave more preference to less pain and small incision whereas the surgeons gave more preference to minimal flatus incontinence and least preference to small incision. Conflict of Interest: Nil for the author

Table-1: Outcome Parameters From Anal Fistula Surgery Preferred By Patients And Operating Surgeons

Preference Order	Patients	Surgeons
1	Minimal incontinence to solids	Minimal incontinence to solids
2	Minimal incontinence to liquids	Minimal incontinence to liquids
3	Less recurrence	Less recurrence
4	Less pain	Minimal incontinence to flatus
5	Small incision	Less pain
6	Minimal incontinence to flatus	Early ambulation
7	Early ambulation	Small incision