Abscess is treated by I&D (1C). Antibiotics should be reserved for cellulitis, systemic signs of infection, or underlying immunosuppression. 2B.

Simple fistula-in-ano with normal sphincter function may be treated with lay-open fistulotomy. 1B.

Fistula-in-ano may be treated with:

- Endorectal advancement flap
- Transsphincteric fistulas may be treated with ligation of the intersphincteric fistula tract (LIFT) procedure. 1B.
(Both may be used with Crohn’s fistulas) 1B.

Fistula plug and fibrin glue are ineffective 1B.

A cutting seton may be used selectively in complex cryptoglandular anal fistulas. 2C

Endoscopic or laser closure techniques have reasonable short-term healing but unknown long-term healing and recurrence rates. 2C.

Clinical Practice Guidelines: Fistula in Ano (2/3)

**Imaging** may be considered with occult abscess, recurrent or complex fistula, immunosuppression, or Crohn’s 1B.

**Draining setons** are useful in the multimodality therapy of fistulizing anorectal Crohn’s disease and may be used for long-term disease control. 1B.

**Patients with uncontrolled symptoms** from complex anorectal fistulizing Crohn’s disease may require **fecal diversion or proctectomy**. 1C.

Fistula associated with **Crohn’s disease** is typically managed with a **combination of surgical and medical approaches**. 1B.

Local administration of **mesenchymal stem cells** is a safe and effective treatment for selected patients with refractory anorectal fistulas in the setting of Crohn’s disease. 2B

Clinical Practice Guidelines: Recto-Vaginal Fistula (3/3)

**Initial nonoperative management used for the initial Tx of obstetrical rectovaginal fistula 2C.**

**Gracilis bulbocavernosus (Martius) flap for recurrent or complex rectovaginal fistulas., 1C.**

**Completion proctectomy with or without colonic pull-through or coloanal anastomosis may be required to treat radiation-related or recurrent complex rectovaginal fistula, 2C.**

**Episiproctotomy may be used to repair obstetrical or cryptoglandular rectovaginal fistulas in patients with anal sphincter defects. 1C.**

**Rectovaginal fistulas that result from colorectal anastomotic complications often require a transabdominal approach for repair 1C.**