

# Clinical Practice Guidelines: Fistula in Ano (1/3)



**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.



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# 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



DISEASES  
OF THE  
COLON &  
RECTUM



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



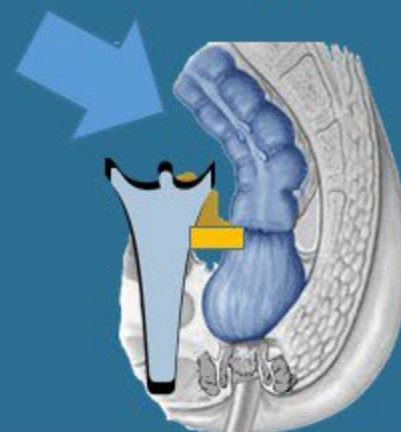
**Initial nonoperative** management used for the initial Tx of **obstetrical rectovaginal fistula 2C.**



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



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



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



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