

DCR/APDCRS Journal Club July Topic Abscess/Fistula

Draining Setons as Definitive Management of Fistula-in-Ano, Daodu et al.

Questions for Discussion

1. What are the minimum requirements for presenting a convincing fistula study with respect to presentation of pre- and post-operative patient data?
2. Are telephone follow-ups adequate?
3. Should all studies regarding surgical outcomes be performed using validated outcome assessment tools (questionnaires)?
4. Is the issue of selection bias dealt with adequately?
5. Are the criteria for seton removal clearly stated?
6. Would your patients be receptive of this treatment? What patient counseling is required for this approach? What time-line for seton removal?

Ligation of Intersphincteric Fistula Tract for Fistula in Ano: Lessons Learned From a Decade of Experience, Malacorn et al

Questions for Discussion

1. How do you decide when to use lift versus endorectal advancement flaps?
2. Does LIFT really have no effect on continence?
3. The LIFT was described on intersphincteric fistulas--Are there patients that you would not use a LIFT and simply use a fistulotomy?
4. The article describes 11 "re-LIFT" procedures—in some of these cases the entire tract -re-canalized—aren't LIFT failures supposedly converting trans- to intersphincteric? When do you decide to perform a repeat LIFT for initial failures?
5. What is it about this group's findings (i.e., success rate of 99.2% healing) or techniques make it significantly improved from other reports in the literature?

Sphincter-Sparing Anal Fistula Repair: Are We Getting Better? Sugrue et al.

Questions for Discussion

1. How easy is it to identify the number of surgeons involved in the study and how many operations each performed?
2. The surgeon (volume/experience) performing the procedure does not seem to have been analyzed as a variable related to outcome. Should this have been done?
3. What factors account for the changes in success rate reported with the use of fistula plugs over time since publication of the initial studies?
4. Figure 1 shows a diagram of all patients who underwent operative treatment for anal fistula over the 10-year period 2005-2015. What information would you add to this figure if you were writing the manuscript to help educate your readers regarding patient selection?
5. What position is best in the operating room for identification of fistula internal openings and anatomy?

Understanding and Treating Supralevator Fistula-in-Ano: MRI Analysis of 51 Cases and a Review of Literature, Garg et al

Questions for Discussion

1. In general, what role does imaging play in the evaluation and treatment of anal fistula? Is it mandatory prior to an EUA and when do you decide ahead of time to proceed with imaging vs take right to the OR?
2. Do you think MRI is necessary to diagnose a supralevator fistula-in-ano?
3. An algorithm is given in Figure 1, do you agree with this or what is the best treatment option for supralevator fistula-in-ano?
4. In the operating room, how can you identify an intersphincteric vs transsphincteric source for a supralevator fistula-in ano?
5. The author describes two procedures that may not be as well known—PERFACT and TROPIS—describe these and when would you use them?