CORRESPONDENCE



Comment on 'Optimized fistulectomy using the novel FiXcision® device: a technical feasibility study and evaluation of short term healing rates'

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Dear Sir,

I read with interest the paper written by Kasiri et al. [1], entitled 'Optimized fistulectomy using the novel FiXcision® device: a technical feasibility study and evaluation of short term healing rates'. The article introduced a new device for treatment of anal fistula. We want to discuss something about the new fistulectomy technique.

Firstly, the novel FiXcision® device is a technique that avoids damaging anal sphincter muscle. However, how can the cylinder-shaped cutting sleeve cut full-thickness of fistula? There is only one size of the cylinder-shaped cutting sleeve. Therefore, we recommend constructing more size type of the cylinder-shaped cutting sleeve, suited for different diameters of fistula.

Secondly, if the anal fistula is not straight, how can the cylinder-shaped cutting sleeve avoid cutting the anal fistula?

Thirdly, if the surgeon encounters a horseshoe fistula or multiple fistulas, it is difficult for the cylinder-shaped cutting sleeve to adapt. If the cutting sleeve was more flexible, the anal fistula could be completely cut.

Fourthly, video-assisted anal fistula treatment (VAAFT) has been widely used for treatment of anal fistulae [2]. It is better to combine FiXcision® device with the VAAFT technique, so that after cutting the anal fistula, VAAFT could be used for detection of the fistula.

We congratulate the authors for making very useful and pragmatic suggestions and await their comments.

Compliance with ethical standards

Conflict of interest The authors declare that there is no conflict of interest.

Ethical approval This paper does not contain any studies with human participants performed by any of the authors.

Informed consent For this form of article, formal consent is not required.

References

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