The Meandering Path

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A Fistula in Ano is a difficult situation for the patient and very tricky for the treating Surgeon. At times it baffles the surgeon by the myriad ways it presents. The aim of surgery is to relieve the patient of pain without disturbing the continence. At the same time there is a fear that it could recur. The fact that so many treatment options are available, it means that no treatment is foolproof. It is often confusing to understand and remember everything about the condition.

“The Meandering Path” is an attempt to describe the condition in the form of a verse. It simplifies the whole topic which can be summarized through this verse. It reminds us that whatever said and done, the pivotal point is that, though recurrence is a concern, preserving continence remains at the helm of any procedure chosen.

The Meandering Path

All was fine until one fine day
When the crypt shut itself out of the way
Slowly and steadily it began to swell
Infection in the potential spaces started to dwell.
The contents of the closed tight space
Caused throbbing pain, reducing the pace.
When the tension could no longer be held
It burst open, to relieve the contents gelled.
No doubt, this relieved the pain
But the track caused problem again an’ again
The new path caused so much misery
As pus kept leaking from its territory.
Mostly caused by infection non specific
Rarely by Crohn’s, Cancer an’ Tuberculosis.
The track had an opening one within
And, one or more over the skin.

Seeing the outer by easy perianal inspection
And inner, by digital dimple palpation.
A Sonography or MRI could delineate the wall
But the surgeon’s finger was the master of all.
The study of its course was of prime importance
To determine the complex path, needed patience.
To estimate the depth, high or low,
Perform the procedure, steady and slow.
The time was now ripe to operate
And the team was all set to cooperate.
Procedures to be understood were so many
Each had its drawback, that was the irony!
Lay the low open, along its course
For a rapid healing, without much resource.
Difficult to treat was the fistula so high
‘Cause it had the anorectal sphincter in the nigh.
A lesser procedure is to disrupt the tract
A glue or a plug could have a similar impact
Perform the LIFT, when in need,
A Fistuloscope is another gift indeed.
When in doubt, seton takes the chance
Tight or loose, healing it does enhance.
Misery of the patient we cannot measure
Cosmesis and continence could be a boon of laser.
Sepsis could cause that troublesome gap
Which needs to be covered by a vascularised flap.
Cutting of the sphincter does not really matter
Unless, enough is left, to circumvent the bitter!!

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