

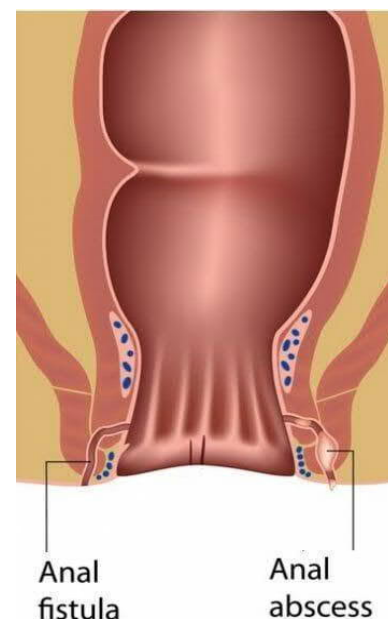
PATIENT INFORMATION

Peri-anal Abscess and Fistula

What is a peri-anal abscess and what causes it?

An abscess is a collection of pus, which usually develops in response to a bacterial infection in the skin. Pus is made up of dead skin cells, white blood cells and bacteria. When this occurs around your anus (back passage), it is termed a peri-anal abscess. This usually occurs due to a small gland inside the anus becoming infected.

If an abscess grows too large or is left for too long, it can form a channel leading to the skin around your anus, therefore creating a tract from inside your anus to the skin. This channel or tract is called a fistula. It is also important to note that sometimes abscesses and fistulae can develop due to long-standing inflammation or infection in your bowel, which may be caused by conditions such as Crohn's disease, diverticulitis, sexually-transmitted diseases and cancer.



What symptoms does an abscess cause?

An abscess usually develops gradually over a few days as a painful, swollen, warm, red lump, around your anus. The pain may be worse when you sit down or when you open your bowels. If a fistula develops, you may also notice smelly discharge from around your anus. You may also feel generally unwell, with fevers, sweating, or nausea and vomiting.

Do I need any investigations?

You will be examined fully, including a digital rectal exam to assess the abscess. A proctoscope may be used, which is a small telescope inserted into the back passage which allows for a better view of any abscesses or fistulae. Depending on your overall presentation, it may be important to screen for the other causes listed above. You may also have an MRI scan, which gives an excellent picture of the tissues around the rectum and anus, allowing for full assessment of the abscess and any fistulae.

What are the treatment options?

A small abscess may resolve without treatment. A warm compress may help to reduce pain and swelling, or the pus may discharge on its own. However, a course of antibiotics may be required for larger or persistent abscesses. If there is no improvement, it may need to be drained with a small incision in the skin. This may be performed using local anaesthetic to numb the area, or under a general anaesthetic which means you are completely asleep during the procedure. The cavity is washed out thoroughly and a sample of pus may be sent for testing. The wound is left open to heal gradually, and an absorbent ribbon may be placed inside the wound to aid healing. This needs to be changed regularly with your GP surgery practice nurse.

If a fistula has developed, the surgical treatment depends on how deep the inside opening of the tract is. If the inside opening is near to the skin surface of the anus, a 'fistulotomy' can be performed which involves cutting open the whole length of the tract and allowing it to heal with a scar. If the opening is higher up in the anus, a 'seton procedure' is used, where a surgical thread is placed through the fistula tract to allow any infection to drain and help with healing. This thread will be in place for a few weeks, and you will have discussions with a surgeon about a further procedure to close the fistula.

What can be done to prevent abscesses?

- Good personal hygiene will reduce the number of bacteria on the skin and can prevent re-infection.
- Regularly washing bed sheets and towels can also help, and you should avoid sharing clothes and towels. This can reduce the chance of re-infection and spread of infection to others.
- Stopping smoking and losing weight can also help prevent the formation of abscesses.

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.