



DR MARK DAOUD
M.B., B.S., F.R.A.C.S.
SPECIALIST SURGEON

Anal Fistulotomy & Internal Sphincterotomy Post-Op

Pain

Post-operative pain is normal but the intensity can differ between individuals. You can expect pain and rectal bleeding for up to 4 weeks after your surgery. Analgesia will be given to you during your hospital stay and made available to you on your discharge if still required. Please refer to the Medications section below.

Wound / sutures

Salt baths need to be undertaken on a regular basis, especially after a bowel motion. It is recommended that you undertake at least two salt baths every day. You should use at least one handful of Epsom salt to make up your salt baths. Salt Baths will also assist with pain. Dissolving sutures are used to close the wound site if necessary. In other cases, the wound is left open to avoid infection.

Swelling

You may develop some swelling which could take a few weeks to subside.

Diet

Normal fluid intake and a light diet is commenced on the day following your procedure. It is important to have a diet high in fibre and drink lots of fluids as they will help avoid complications.

Nausea and vomiting

Some people are very sensitive to surgical procedures. Nausea and vomiting may occur as a result of the general anaesthesia, the procedure performed or the medication prescribed.

If you have nausea and vomiting, please do the following:

- Keep well hydrated with frequent small drinks of clear fluids. It is recommended that you drink water, lemonade or diluted fruit juice. Avoid milk.
- Cease your medications, as in most cases the nausea and/or vomiting is related to the antibiotics prescribed. Once these have been ceased the nausea and/or vomiting will usually resolve.
- Contact Dr Daoud's office at Greenslopes if the nausea and/or vomiting persists.

Activities

24 hours after your surgery you must not drive any motor-vehicle or operate any machinery. You must not undertake any important new projects, make important decision or sign legal documents. You must not drink any alcohol. Alcohol and prescribed medications is a dangerous mix. You should gradually return to normal activities. It is important to include walking in your daily routine and try to avoid standing still for long periods.



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Usually after 4 weeks you will be able to return to your normal activities and begin to exercise again if need be. You must wait until Dr Daoud has advised you that your wounds have healed to be able to go swimming.

Medications

You will generally be prescribed antibiotics and analgesia. It is imperative that you notify Dr Daoud's office of any allergies you may have to any medication. If you are taking medication prescribed by your doctor you need to return to your normal dosage schedule as soon as possible after surgery, unless directed otherwise. If you are having problems with bowel motions you may require an over-the-counter laxative preparation, such as Movicol.

Return to work / school

This will depend on the type of work you do. It is important not to be standing in one place for a long period of time. It is usually 3-4 weeks before you return to your normal work activities. If you require a medical certificate, please contact Dr Daoud's office after your surgery and one will be arranged.

Post-operative review

You will need to contact Dr Daoud's office when you are discharged from hospital, to make a post-operative review for 4 weeks after surgery.

Infection

If you develop a post-operative infection, remember it will not generally appear until 1-2 weeks after your operation. If this does occur, please contact Dr Daoud's office to book an appointment. You will normally be prescribed a course of antibiotics after your surgery.

It is important that the full course of antibiotics is completed.

Problems

Post-operative complications are uncommon, but if they do occur please contact Dr Daoud's office for advice.

Special Issues of concern:

- Increasing or persistent pain for 4-5 days.
- Swelling around the wound site.
- Redness or heat around the wound site.
- Persistent nausea and/or vomiting.
- Persistent discharge from the wound site.

Please do not call your referring doctor, or local GP before you contact Dr Daoud's office. Our office number is **07 3397 8499** and we are open from Monday-Friday 8:30am-5:00pm.



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Risks

- There may be an open wound where the fistula was removed, this may take 2-3 weeks to heal.
- If the fistula involves an excessive amount of muscle around the anus, the doctor may insert a small plastic marker to assist in drainage until further surgery is possible. This plastic marker is called “Seton”.
- The condition may recur, and an abscess about the anal region may occur.
- Scarring may develop around the anus, and it may be painful or thickened.
- Rarely the muscles at the anus may be over stretched or over cut with a resultant weakness in the area. This could cause problems with control of the bowels (incontinence). A pad may need to be worn and/or further surgery may be needed.
- There is an increased risk in obese people of developing wound infection, chest infection, heart and lung complications and thrombosis.
- There is an increased risk in smokers of developing wound and chest infections, heart and lung complications and thrombosis.