ALASKA PEDIATRIC SURGERY
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Perianal abscess and anorectal fistula

What is it?

Some children can develop a pocket of infection next to the anus, we call this pocket a perianal abscess. If the infection persists or comes back after antibiotics and sits baths, we begin to suspect a connection between the pocket of infection and inside of the rectum. This connection is called an anorectal fistula.

How is it diagnosed?

Perianal abscesses and anorectal fistulas are diagnosed based on physical examination. If there is a high likelihood of a fistula (recurrent abscesses) due to their position, then a more throughout physical examination is performed under a general anesthetic and the repair of the fistula can be performed under the same anesthetic. Imaging studies are not helpful in the vast majority of perianal abscesses or anorectal fistulas, there are a few exceptions and would be discussed with you.

Treatment

Perianal abscesses are treated with antibiotics, sits baths (sitting in a small amount of warm, soapy water), and incision and drainage (I&D). The I&D may be performed in the office, but in some cases require drainage in the operating room under anesthesia. If an anorectal fistula is suspected a fistolotomy, or currettage of fistulous tract is performed. Whether a fistulotomy or curettage is performed is dependant on the age of your child, younger children can undergo a fistulotomy without loss of fecal continence, but older children require a curettage.

Care following surgery

The surgical site may appear rough and unsightly immediately following surgery, but in the vast majority of cases heals well with a small scar in 1-2 weeks. Following surgery your child will be given ointment to apply to the surgical site. Following bowel movements the area should be cleaned thoroughly and the ointment should be applied. We will see you back in our office 2 weeks after surgery for a postoperative wound check.

Other abscess and anorectal fistula facts

Perianal abscess and anorectal fistulas are usually a solitary problem and are rarely associated with another condition.

Surgery may be required for perianal abscesses, but is always required for anorectal fistulas Though abscesses can be treated it is possible for them to recur. If this happens additional procedures may be necessary.

For children with recurrent perianal abscesses, they will usually outgrow recurrent abscesses after year one of age.

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Alaska Pediatric Surgery, LLC
4100 Lake Otis Parkway, Suite #206
Anchorage, AK 99508

www.alaskapediatricsurgery.com
p: (907) 929-7337
f: (907) 929-7330