You will be undergoing a fistulotomy or fistulectomy. A fistula is a communication between two holes. Usually a crypt within the anus becomes plugged with stool. This crypt is connected to a gland. When the crypt becomes blocked with stool the gland becomes infected leading to an abscess. The abscess is either surgically drained or drains spontaneously at the skin level outside the anus. A fistula is a tract between the inside crypt and the outside opening where the abscess drained. A fistula will not heal spontaneously. In order to heal, the internal opening (crypt) must be obliterated. Of the options to obliterate the internal opening, a fistulotomy or fistulectomy is one of the best. Other methods include fibrin glue and endorectal advancement flaps. The later procedures are reserved for complicated or recurrent fistulas. The majority of fistulas are simple and requires either opening the tract or removing the tract and obliterating the internal opening. One risk of a fistulotomy includes incontinence to gas or liquid stool. Since the fistula travels through the sphincter muscles, if too much muscle is cut, the risk of incontinence increases. Prior to opening the fistula tract, the amount of muscle within the tract is observed and if a majority of the sphincter muscle is traversed by the fistula, a seton (rubber band) will be placed instead of surgically dividing the muscle. The seton cuts through the sphincter muscle over a period of weeks allowing the muscle to be divided without losing its integrity. Placing a seton decreases the risk of incontinence.

There are inherent risks to having fistula surgery. Though the complications are not frequent they can occur. The risks to the surgery include but are not limited to: death, bleeding, infection, abscess, recurrence, anal stricture, incontinence to stool and gas, stroke, heart attack, clots in the legs that can dislodge and go to the lungs, and anesthesia complications. Before you undergo the operation you will need to follow the instructions below.

**Location:** Your surgery has been scheduled at:

a) Simi Valley Hospital - (805) 955-6000  
   2975 N. Sycamore Drive  
   Simi Valley, Ca. 93065

b) Aspen Surgery Center – (805) 955-8170  
   2750 N. Sycamore Drive  
   Simi Valley, Ca. 93065  
   Angel (805) 955-8173  
   For facility billing and insurance questions

2) **Schedule:**
   a) Date: ____________________________
   b) Time: ____________________________ am / pm

3) **Arrival:**
   a) You must arrive at ____________________________am / pm
   b) You must have someone drive you to and from your procedure. You are not allowed to take a cab or other limo service home. You must leave the facility with a responsible adult.

4) **Registration:** You **must** arrive and register at the facility at the above arrival time

5) **Medication:**
   a) If you take prescribed medication every morning, you may do so on the morning of the procedure with just a sip of water.
   b) If you are a diabetic on insulin, take ½ of your morning dose on the morning of the procedure.
   c) For an ache or pain you may use Tylenol as it contains no aspirin.
d) **IMPORTANT:** You are not allowed to take any non-steroidal anti-inflammatory medications starting 7 days prior to the procedure. This includes but is not limited to:
   i) Aspirin, Celebrex, Ibuprofen (Motrin), Advil, Aleve, Bayer, Persantine (Dipyridamole), Bufferin, Anacin, Excedrin, Alka-Seltzer or any other medicine containing aspirin. Discontinue Redux or any kind of diet pills.

e) **Important:** Please notify the office if you take any blood thinners including but not limited to:
   i) Coumadin (Warfarin), Pradaxa, or Effient, Plavix

6) **Travel:** You must be in town for 2 weeks after the procedure. If you have plans to travel within this time we will need to reschedule the procedure or you will need to change your plans.

7) **Questions:** Call my office (805) 579-8972 at any time if you have questions.

8) **Bowel Prep:**
   a) Start the prep the day before your fistulotomy
   b) Take the bowel preparation as instructed

9) **Working After Surgery:**
   a) You must take a week off of work. You are having surgery and no matter how small, you will have pain and shouldn’t work for one week.
   b) You will receive a post operative instruction sheet detailing what you need to know about your recovery.

10) **THINGS TO PURCHASE:**
   a) 2 fleets enemas – buy the ones in the green & white box

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**START THE BOWEL PREP SCHEDULE ON THE DAY BEFORE SURGERY**

<table>
<thead>
<tr>
<th>Morning until Dinner Day Before Surgery</th>
<th>7:00 PM Night Before Surgery</th>
<th>Midnight Night Before Surgery</th>
<th>05:00am the Morning of Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>You may eat anything you want all day.</td>
<td>Take a fleet’s enema. (see #10 above “things to purchase”).</td>
<td>Do not eat or drink anything after midnight</td>
<td>Take the second fleet’s enema. If you take medications on a regular basis you may take them with a sip of water (see the above instructions regarding medications)</td>
</tr>
</tbody>
</table>

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I understand that it is my responsibility to read this information fully. I understand that if I have any questions after reading this material I am to call the office at least 72 hours before my scheduled procedure to address them.

Signature ______________________ Date __________________