



# A novel technique for treating complex anal fistulas with intersphincteric extension: intra-anal fistulotomy with fistula opening closure (IFOC)

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Complex cryptoglandular fistulas with intersphincteric extensions pose significant surgical challenges due to their high recurrence rates [1, 2]. Recurrence is often attributed to difficulty in precisely identifying the fistula tract and achieving secure ligation [3–5].

This video presents a novel surgical technique aimed at addressing these challenges and reducing recurrence rates. A patient with a posterior complex anal fistula was examined. The external opening was at the 9 o'clock position, while proctoscopy revealed the internal opening at 6 o'clock. The surgical strategy involved using an arterial clamp to determine the tract's orientation, verifying the connection with water injection, and performing intra-anal fistulotomy with electrocauterization. Continuous observation of granulation tissue ensured precise dissection, followed by curettage for eradication. The internal opening was sealed using absorbable sutures in a horizontal mattress technique, and water injection confirmed successful closure. Additional curettage was performed on the external tract, a tube drain was placed, and sutures were used to overlay the internal opening for optimal healing.

The patient experienced no post-operative complications, and the wound healed satisfactorily with no recurrence. This innovative surgical approach presents a promising alternative to conventional techniques, potentially reducing recurrence rates in complex cryptoglandular fistulas with intersphincteric extensions.

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**Data availability** No datasets were generated or analyzed during the current study.

## Declarations

**Conflict of interest** The authors declare no competing interests.

**Ethical approval** The patient provided signed informed consent in accordance with the ethical guidelines of Chulalongkorn University Hospital, Bangkok, Thailand.

**Informed consent** All participants provided informed consent prior to their participation and permitted the use of surgical videos and images for academic publications.

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