

Therapeutic Use of Fistula Disease, its Treatment and Causes

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DESCRIPTION

An irregular condition between two bodily organs or between an organ and the outside of the body is known as a fistula. It is a rare side effect of some therapy for prostate cancer. Fistula types can be categorised based on where they are found. Anal canal and perianal skin are connected by anal fistulas. When a gap forms between the rectum or anus and the vagina, it is known as an anovaginal or rectovaginal fistula. Colovaginal fistulas happen where the vagina and the colon meet. Urinary tract fistulas are abnormal openings in the urinary tract or an abnormal connection between the urinary tract and another organ. Examples include vesicouterine fistulas, which occur between the bladder and the uterus, vesicovaginal fistulas, which occur between the bladder and the vagina, and urethrovaginal fistulas, which occur between the urethra and the vagina. An enteroenteral fistula is a connection between two sections of the intestine; an enterocutaneous fistula is a connection between the small intestine and the skin; and a colcutaneous fistula is a connection between the colon and the skin. Fistulas can develop as a result of an injury, surgery, inflammation, or infection. As a component of a treatment, fistulas can occasionally be surgically produced, such as arteriovenous fistulas for hemodialysis.

Therapeutic use

A cimino fistula is frequently purposefully made in the arm of kidney failure patients who need dialysis in order to make it simpler to remove blood for hemodialysis. Surgery to create a portacaval fistula results in an anastomosis between the inferior vena cava and the hepatic portal vein over the omental foramen (of Winslow), which is a drastic treatment for portal hypertension. As a result, the portal venous system is protected against high pressure, which can result in haemorrhoids, caput medusae, and esophageal varices.

Treatment

Depending on the aetiology and size of the fistula, several

treatments are used, but typically surgical intervention along with antibiotic medication is used. Sometimes a fibrin glue or plug is used to temporarily conceal the fistula. A fistula may need to be drained using catheters. To ensure proper drainage of the fistula (so that pus may escape without creating an abscess), surgery is frequently necessary.

There are several surgical techniques used, most frequently fistulotomy, placement of a seton (a cord that is passed through the fistula's path to keep it open for draining), or an endorectal flap procedure (where healthy tissue is pulled over the internal side of the fistula to prevent faeces or other material from reinfecting the channel). Treatment of any underlying etiological problem constitutes management. For instance, surgical treatment of fistulae in Crohn's disease can be successful, but the rate of fistula recurrence is quite high (far above 50%) if the Crohn's disease itself is not addressed.

Causes

Disease: Fistulas can be caused by inflammatory conditions like Crohn's disease and ulcerative colitis as well as infections like an anorectal abscess. In hidradenitis suppurativa, fistulas to the anus can develop. Fistulas can also develop in females after pelvic infection and inflammation.

Surgical and medical treatment: Biliary fistulas may develop as a result of gallbladder surgery complications. Arteriovenous fistulas can be intentionally formed for hemodialysis in addition to being congenital or the result of trauma. Vesicovaginal fistulas can develop as a result of radiation therapy to the pelvis. After a gastrostomy, persistent gastrocutaneous fistulas might form.

Trauma: Women who give birth for an extended period of time may develop fistulas, abnormal connections between the bladder and vagina or the rectum and vagina. When the blood flow to the tissues of the vagina, the bladder, and/or the rectum is interrupted during a protracted obstructed labour, an obstetric fistula develops.

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