**Sacramento Colon and Rectal Surgery  
James M. Conner, M.D.**  
6450 Coyle Ave #2  
Carmichael, CA 95608  
http://www.scrs1.org  
**OFFICE NUMBER 916-966-6121**  
After Hours and on Weekends, Office number will provide instructions on how to page the on-call Colorectal Surgeon.  
  
**Fistulotomy or Seton Placement for Anal Fistula After Care Instructions**\* You will have a Gauze dressing placed outside of the anus, as well as a smaller topical gauze called “surgicel” which is left just inside the anus to help with reduction of bleeding (will pass with first bowel movement). The topical gauze may be removed within 8 hours of surgery to allow for sitz baths (explained below), however should be replaced with another gauze to prevent seepage from soiling underclothing.

\*Bleeding and mucus discharge is normal after this operation and is most significant the first several days after surgery. Bleeding which is associated with bowel movements, or light spotting in between bowel movements is normal. Profuse bleeding occurring every 30 min to 1 hour or bleeding that stains through clothing is excessive and my office should be notified as soon as possible.

\*Fistulotomy surgery (if performed) leaves an open wound next to the anus which can take 6-12 weeks before it completely seals. Drainage and discharge decrease slowly during this time until full healing, and the discharge will then stop altogether. There can even be some yellow/green discharge which is slough from the open edges of the wound and is also normal.

\*If a Seton was left behind, it will act to hold the fistula tract open and allow the wound to mature for a second operation to definitively seal the fistula tract. It is soft and flexible, and there is no restriction against sitting or having bowel movements with it in place. However, if you notice that it falls out, notify my office as soon as you can.

\*Discomfort is typically most intense the first 2-3 days after surgery, and with the first few bowel movements. It will be present usually up to 5-7 days, becoming gradually more tolerable as the days go on.

\*Difficulty urinating is a rare possibility to due fistula surgery due to spasm of the pelvic muscles and urinary sphincter. Try to avoid excess fluid intake until you have proven you can urinate. Warm baths in a bathtub or sitz basin placed in the toilet for 10-15 minutes before trying to urinate is very helpful. If you cannot urinate even then, try to urinate while in the bathtub. If you still cannot urinate, then contact our office number, even if after hours. A urinary catheter may need to be placed, and will usually remain in place 3-5 days if used. Nearest Urgent Care Centers or Emergency Rooms can suffice if you travelled from a long distance from our offices.

\*Pain medications such as Norco, Tramadol, Percocet will be provided. Take as directed, and do not exceed the recommended dose. Ensure that you take the medication with food in your stomach to ease side effects (nausea and vomiting). Dizziness, lightheadedness, drowsiness are also common side effects. Also remember these medications are also constipating.

\*Antispasm medication Valium is often prescribed, utilize again as directed on the prescription, the dosage in combination with the pain medication is not dangerous. This medication helps mitigate the pain and spasm, and helps with pelvic muscle relaxation as well.

\*You may take Advil/Motrin/Ibuprofen starting the next day after surgery, take 600mg (3 tabs) every 6 hours, but avoid taking longer than 2 weeks as stomach ulcers may result. Weaning off the narcotic pain medication as soon as possible is always the goal. If taking Tylenol/Acetaminophen, remember the limit is 4000mg per day (Norco, Percocet have Tylenol within them).

\*Avoid Lifting weights 15lb or more, bicycle riding, squatting for 2 weeks after the procedure. We can address specifics depending on how you are doing when you come for your first post-operative appointment.

\*Take Sitz Baths (no need for Epsom salts) – warm water in a tub or sitz basin for 15-20 minutes at a time at least 3 times per day and after bowel movements. This will help in relief and relaxation, and help rinse the rectal area of debris.

\*To avoid Constipation, take a soluble fiber product like Metamucil, Konsyl, Benefiber, or Citrucel 1 adult dose twice per day. Take Miralax (my preferred) 1 adult dose twice per day for prevention of constipation. Other products such as Docusate, Colace, Senna can be used as well instead of Miralax, also twice per day. Utilize this regimen until you are off the pain medications.  
  
\*The first bowel movement may take 2-3 days, if there is no bowel movement after 48 hours, add Milk of Magnesia 2 table spoons morning and evening until a bowel movement occurs. If it is four days, and no bowel movement has occurred, give our office a call.

\*After bowel movements, the anal area should either be cleaned with wet toilet paper, wet-wipes rather than dry toilet paper, which can be irritating. Alternatively you can also use the shower to cleanse the area, no soap is required.

\*No specific dietary restriction is needed. You do not have to be on a liquid only diet. Eating fresh fruit and vegetables is also fine. Drink plenty of water 6-8 glasses a day

\*Call the office if you experience fevers of 101 degrees or higher.

\*Followup appointments are crucial. We like to see you within 2-3 weeks after surgery, call my office at 916-966-6121 to make the appointment from 9am-5pm Monday through Friday.

**Blood Thinner Resumption**  
\*If applicable, you may resume your blood thinner medication after \_\_\_\_\_\_ days from returning home.