


cpt[®] 2010 Changes

An Insider's View

Reprint

 **Clinical Example (46707)**

A 44-year-old male presents with a 3-month history of perianal itching, pain, and drainage. Four months ago he had a perianal abscess incised and drained. Physical exam reveals an external os (opening) in the posterior anal space with drainage of mucus with no signs of acute infection or recurrent abscess. Upon anoscopy there is an internal os directly in the midline at the dentate line. The diagnosis of a transsphincteric fistula of the deep posterior anal space is confirmed. Repair of the anal fistula with a cellular xenogeneic plug is performed.

Description of Procedure (46707)

Under anesthesia, a Hill-Ferguson rectal retractor is placed into the anus, and isolation and identification of the internal os is made by passing a series of fistula probes through the fistula tract into the anus. The fistula tract is thoroughly cleaned, irrigated, and debrided. At this time the cellular xenogenic plug is placed in normal saline for 5 to 7 minutes. A large fistula probe is then passed through the external opening and advanced through the tract until it extends through the internal opening. A suture is passed through the tail of the soaked plug. The plug is then pulled into the fistula tract and drawn through the tract until the wider end is tightly aligned with the internal opening, with the "tail" extending distally through the external opening. The internal end of the plug is sutured into place, being careful to also close the internal opening of the fistula tract. Excess "tail" protruding from the external opening is trimmed off, and the distal end of the plug is sutured to the skin at the external opening, being careful to leave this open for drainage. A long acting local anesthetic is injected into the perianal area for comfort postoperatively.