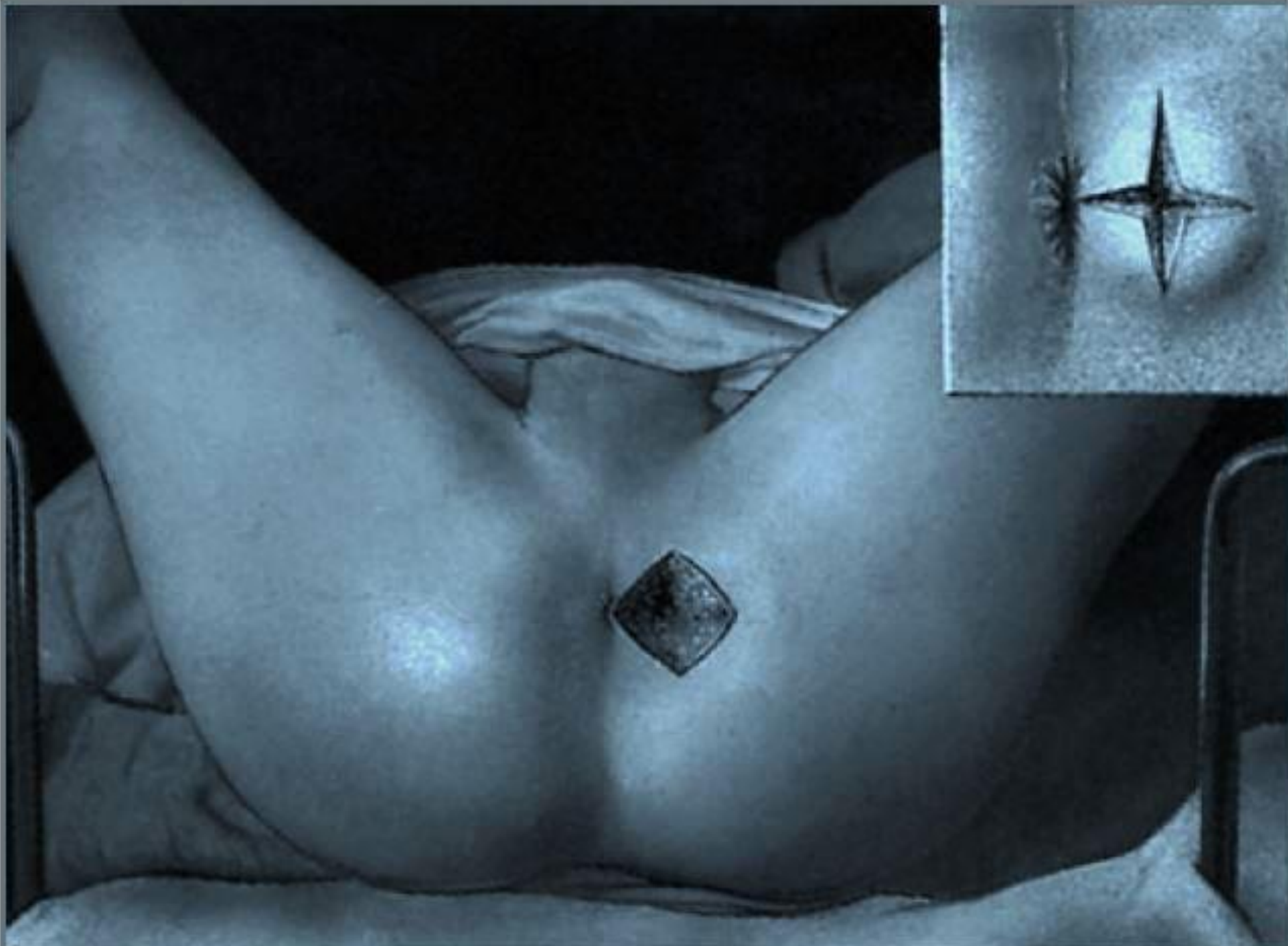
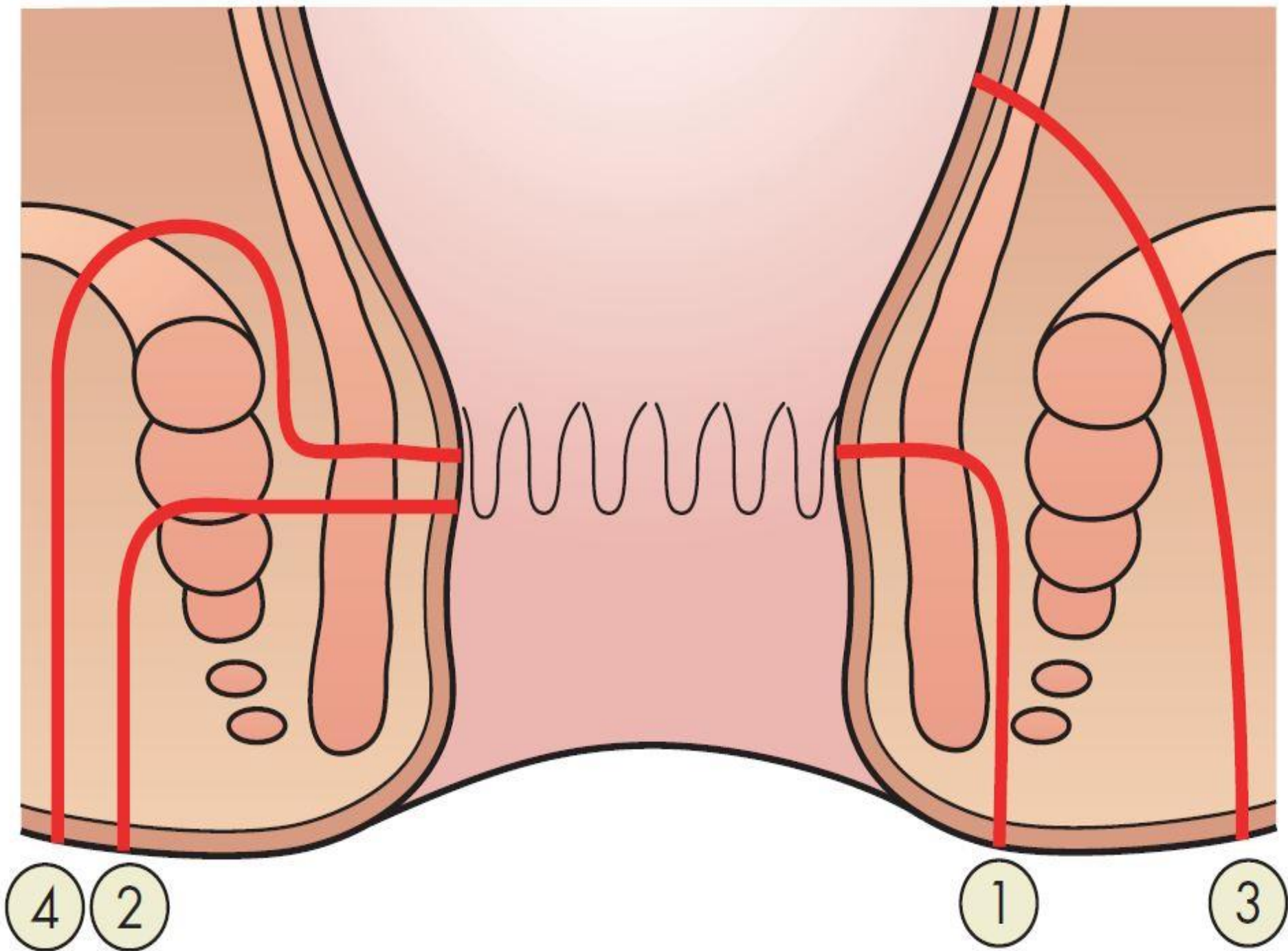


# FISTULA IN ANO

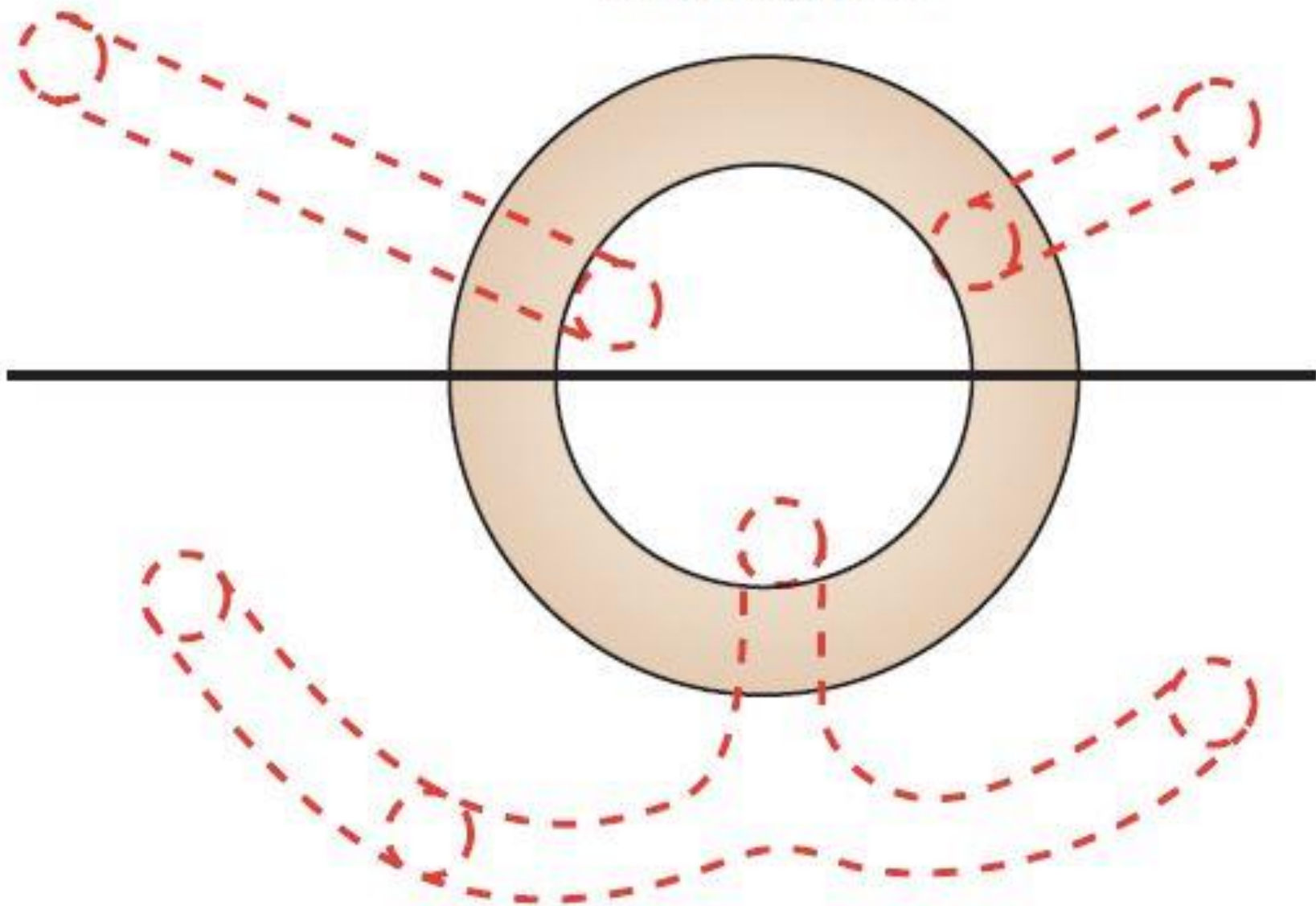
**Presentation and postoperative outcome of the different surgical procedures in low type**

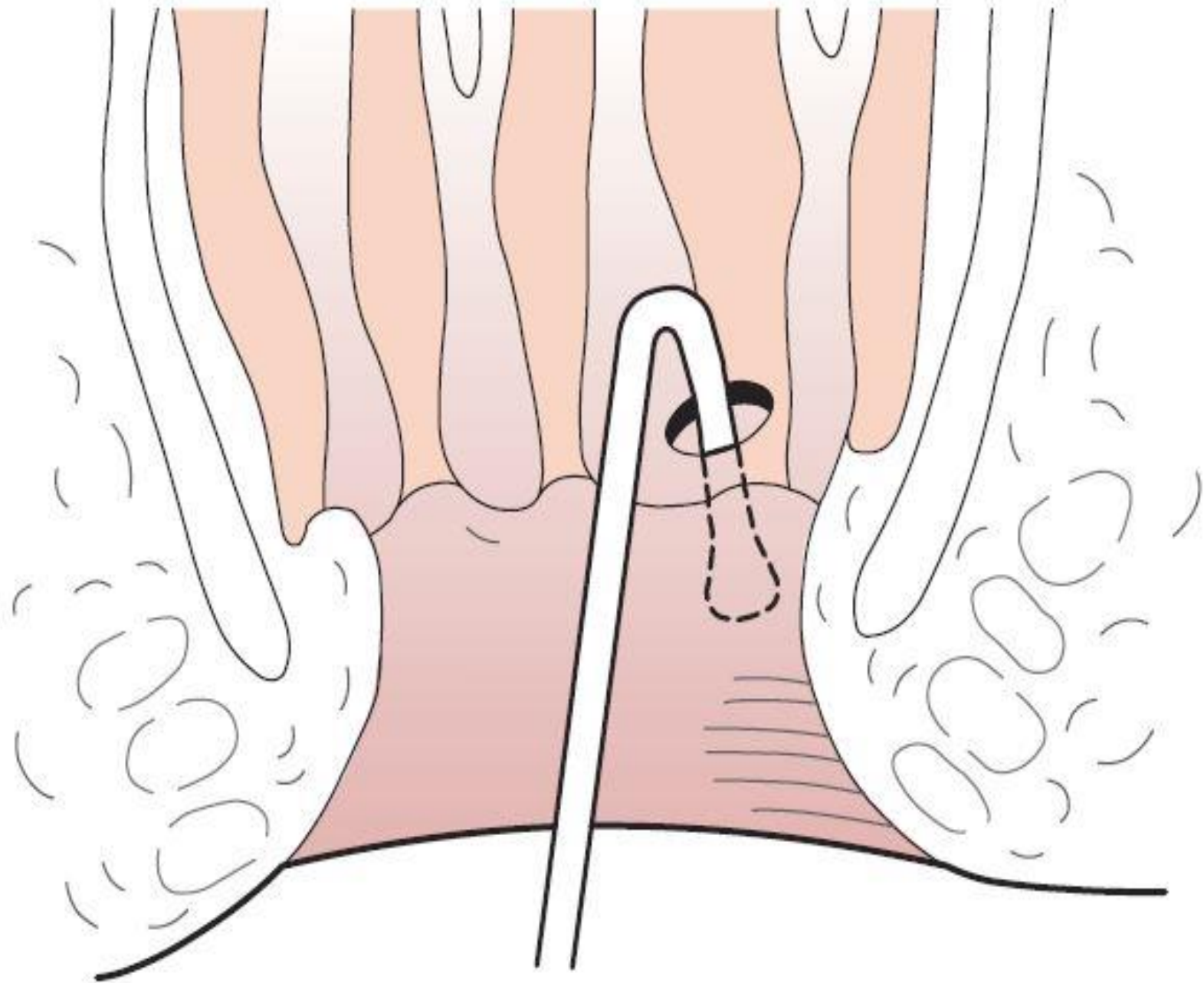
Published in Professional Medical J 2013;20(5): 783-786





Anterior





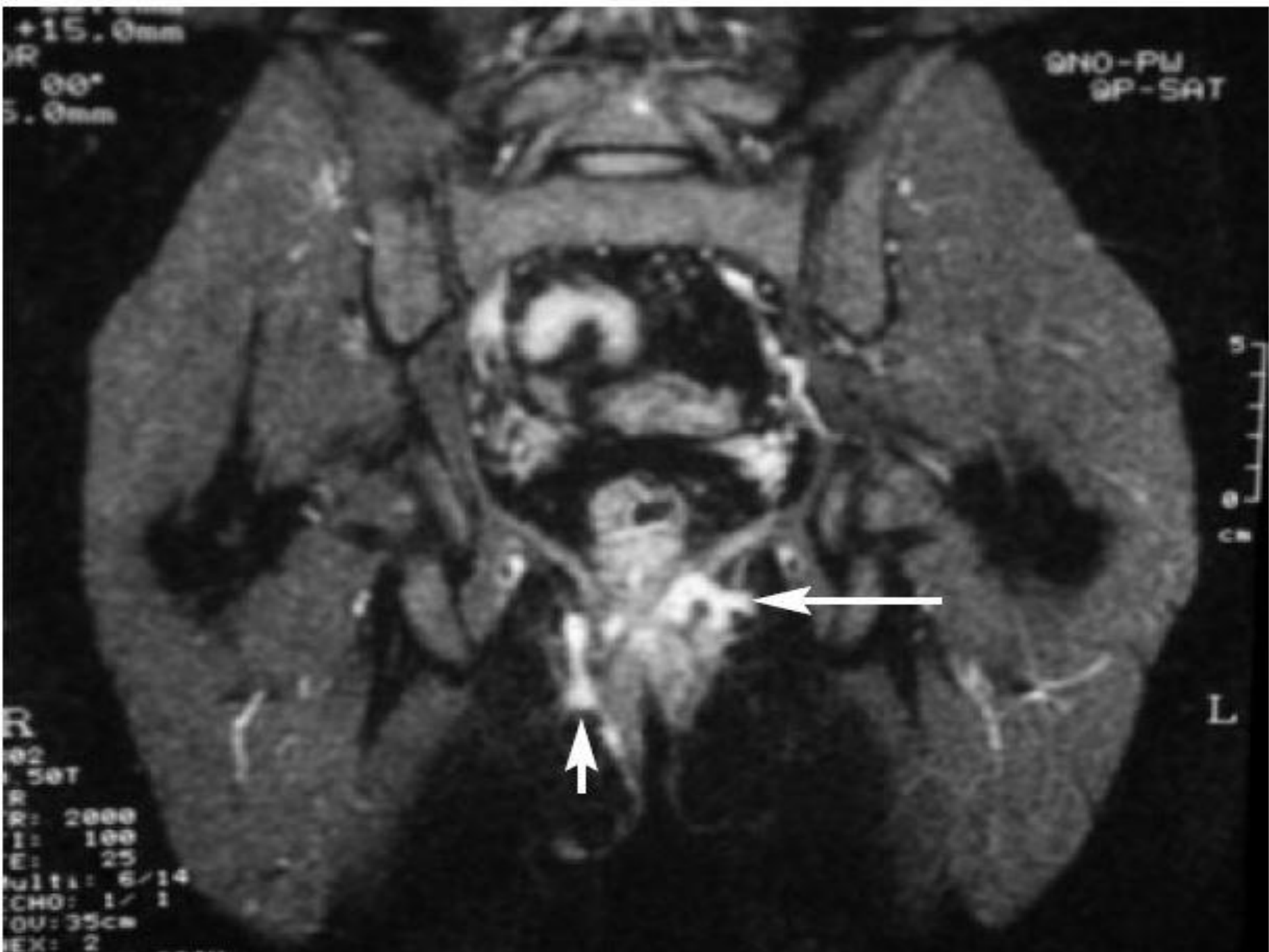
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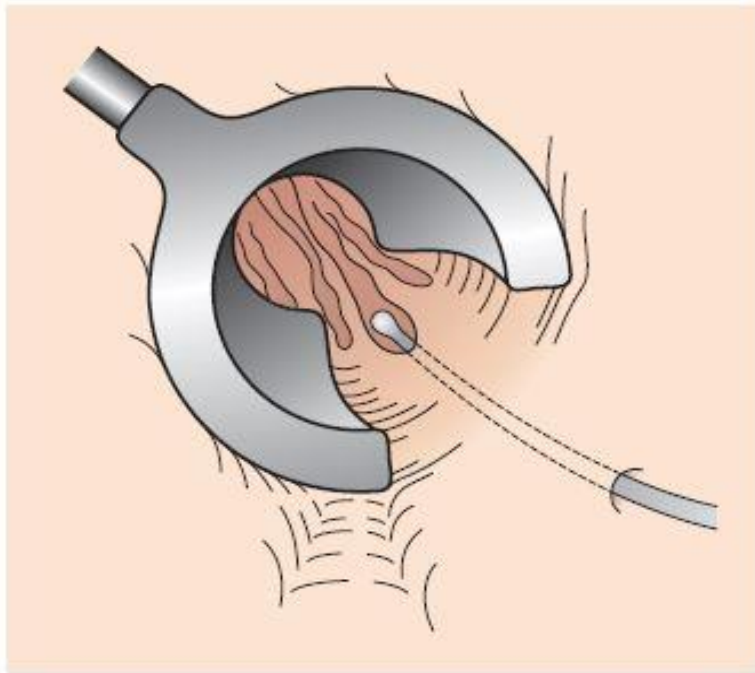
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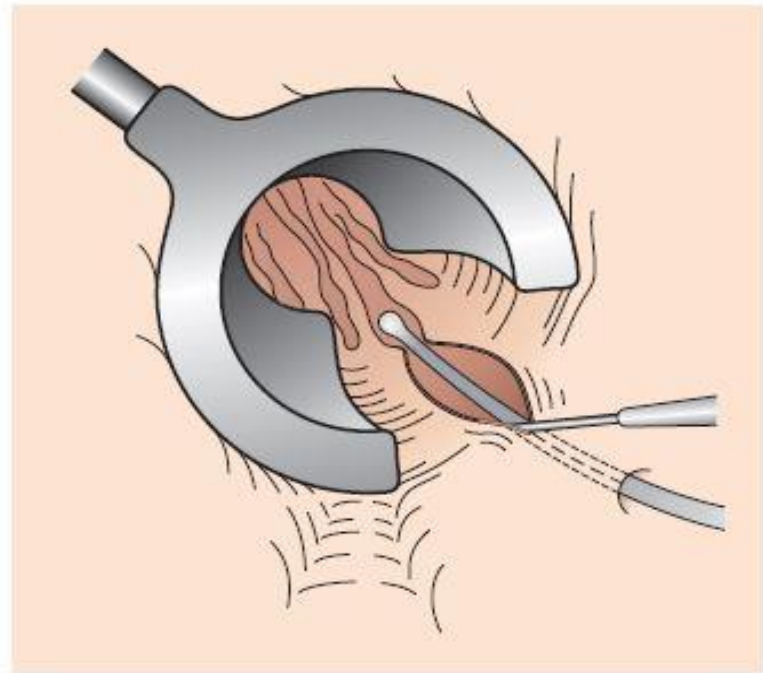
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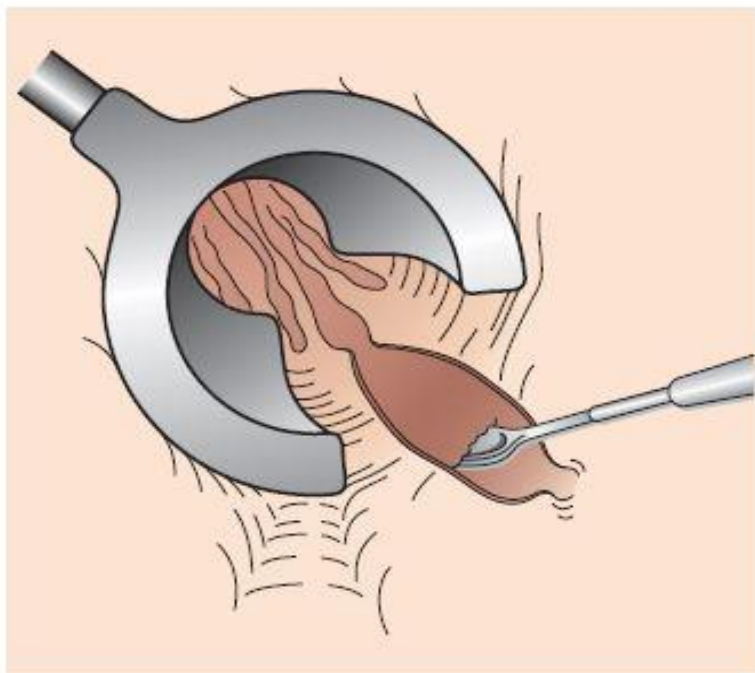
(a)



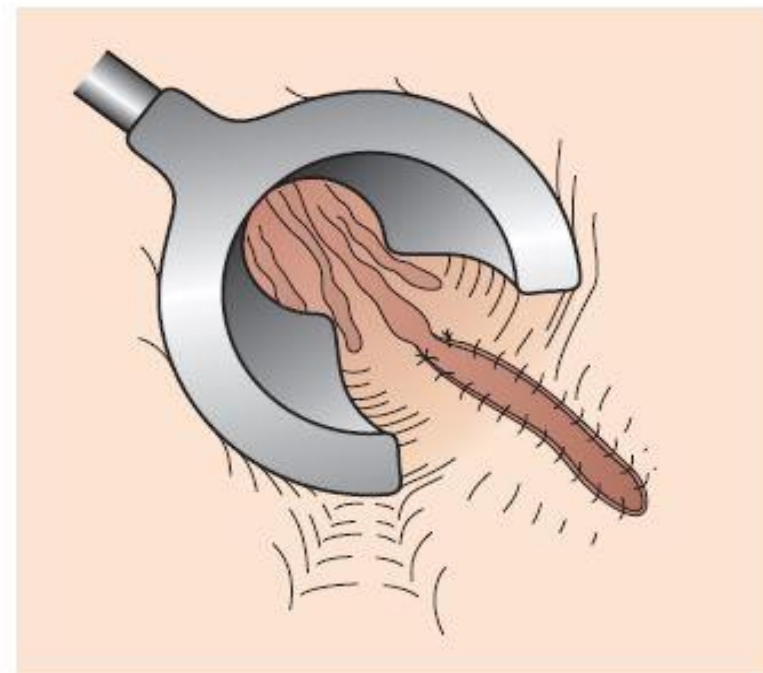
(b)



(c)



(d)



# Objective

- Due to common surgical problem in our country, the study was planned to find out the clinical presentation and postoperative outcome of different surgical procedures in low type Fistula in Ano.



# Design

- **PROSPECTIVE OBSERVATIONAL STUDY.**

# Place and duration of the Study

- Teaching Hospital at LUMHS Jamshoro.
- Ziauddin Teaching Hospital Karachi.
- DHQ Teaching Hospital Charsadda.
- Liaquat University in Surgical Unit-1 Jamshoro.

□ Duration: May 2010 to June 2012

# Patients Methods

- One seventy two cases of low type fistula in Ano with single external opening, irrespective of age and sex admitted in general surgical units, were examined.
- Patients with range 15-60 years - Mean age was 37 years.
- Patients having high type fistula in Ano were identified pre and per operatively and patients who lost follow up were excluded from study.
- Fistulectomy and Fistulotomy performed in all these cases and patients were followed up Fistulogram done in selected case.

# Results

- Maximum number of cases were seen in 3<sup>rd</sup>, 4<sup>th</sup>, decade of life 50(29.6%) and 64 (37%) respectively. Mean age was 37 ranges from 15 to 60 years.
- Out of 172 patients 142 (85.7%) male and 24 (14.3%) female.
- Male to female ratio was 6.1:1
- Underwent fistulectomy, 38 (22%) of the patients got fistulotomy and 12(%) of patients underwent fistulectomy along with haemorrhoidectomy and fissurectomy.
- A total of 72 (41.4%) patients experienced different post operative, surgical and anesthetic complications.

**Table – 1: Clinical Presentations of patients (N=172)**

Symptoms	Frequency	%age
Discharge at anal canal	142	82.5%
Swelling along with discharge	132	76.7%
Itching around anus	70	40.4%
Bleeding per anum	26	15.1%

## Table – 2: Age Distribution

Age	Frequency		%age	
	Male	Female	Male	Female
11-20 y	28	-	16.2%	-
21-30y	46	4	26.7%	2.9%
31-40y	56	8	32.5%	4.6%
41-50y	12	6	6.9%	3.4%
51-60y	6	6	3.4%	3.4%
Total=172	148	24	85.7%	14.3%

# Table – 3 : N=172

Procedure	Frequency	%age
Fistulectomy	112	65%
Fistulotomy	38	22%
Fistulectomy + Haemorrhoidectomy	16	9.3%
Fistulectomy + Fissurectomy	6	3.4%

**Table IV : Post Operative Complications (N=172)**

Complications	Frequency	%age
Post spinal headache	24	13.9%
Retention of urine	20	11.6%
Wound infection	16	9.3 %
Recurrence of fistula	06	3.4%
Anal stenosis	04	2.1%
Hyper trophic scar	02	1.1%



# Discussion

- The fistula-in-ano is a common perianal condition in surgical practice.
- Talpur K.A have described the average age of presentation 37.2 years, with maximum incidence in 3rd, 4th and 5th decade.
- Hill in his series of 626 patients also noted highest incidence in 4<sup>th</sup> , 5<sup>th</sup> and 6<sup>th</sup> decade of life.
- Present study incompatible with above studies as highest incidence(59.2%) was seen in 3rd and 4th decade of life.
- This study was based on low type fistula-in-ano. Majority of fistulas are simple in nature and may be assessed accurately during clinical examination by experienced coloproctologist
- However normal anatomy, perianal fistula tract and sphincter defect are now a days better assessed by endosonography and MRI

# Discussion (Continued)

- Dynamic contrast enhanced magnetic resonance (DCEMRI) have more sensitivity (97%) and specificity (100%) in detection of fistula.
- The majority of anal fistula are anatomical simple (low variety) and easy to treat but a significant number are of high variety and anatomically complex and difficult to treat.
- All low type fistula in this study were treated by fistulectomy 77.7% and fistulotomy (22.3%) low lying anal fistulae responded well to simple fistulectomy.
- Histopathological examination of fistulous tracts revealed non-specific chronic inflammation in 95.3% of cases, remaining (4.7%) patient having tuberculosis.
- Tuberculosis involving anal and perianal region is very rare in western countries. It has diversity of clinical presentation inducing acute perianal abscess, chronic anal ulcers and fistula – in – ano.

# Conclusions

- Incidence of low type Fistula in Ano is higher in 3<sup>rd</sup> and 4<sup>th</sup> decade of life.
- The disease was found more common in male, discharge, pain , itching are common symptoms of low type Fistula in Ano.
- In low type fistula in Ano Fistulotomy is safe procedure.
- Post operative complications can be prevented by careful treatment efforts.

# Take Home Message

- Prevention is better than cure.
- All Predisposing factors for Fistula in Ano must be avoided.
- Fistula in Ano may be found in association with:
  - ❖ Crohn's disease.
  - ❖ Tuberculosis
  - ❖ Lymphogranuloma
  - ❖ Vnereum
  - ❖ Actinomycosis
  - ❖ Rectal duplication
  - ❖ Foreign body
  - ❖ Malignancy

# Perspective of Provisioning Medical Education and Healthcare in Khyberpakhtunkhwa and FATA, Pakistan.



# Khyberpakhtunkhwa & FATA

- Khyber Pakhtunkhwa is one of the poorest and most backward provinces of the country.
- There is general belief that this province should go for its own comparative advantages instead of waiting for others to help it out.
- Development strategy, experts point out, should be prepared in the light of major challenges, constraints and opportunities of the provincial economy.
- The reasons for its less developed economy are many.
- The main resource-generating sectors of its economy have been badly affected by the negative effects of terrorism inside and outside its borders.
- There is a sluggish economic growth.
- Natural disinclination of local and foreign entrepreneurs to invest in Khyber Pakhtunkhwa due to growing insecurity and the inflow of millions of refugees has harmed its prospects.
- Power to gain education and health facility have decreased. The increased joblessness has caused a surge in poverty.
- The province has been badly affected by terrorist activities in the last 14 years.

# Suicide Attacks by Terrorists

The province of KPK has been badly affected by terrorist activities in the past years.

S.No.	Year	No of terrorists attacks	Persons injured	Persons Killed
1	2014	8	142	46
2	2013	21	635	350
3	2012	21	265	140
4	2011	376	1658	1144
5	2010	720	904	1433
6	2009	695	1713	869
7	2008	118	1394	751
8	2007	94	1482	743

# No of Suicide attacks in Peshawar

S.No.	Year	No of attacks	Persons injured	Person s Killed
1	2014	08	142	46
2	2013	21	335	650
3	2012	21	265	140
4	2011	35	1068	576
5	2010	68	1986	1168
6	2009	87	2756	949
7	2008	54	896	1843
8	2007	45	1677	765
9	2006	7	161	352
10	2005	4	219	84
	<b>Total</b>	<b>350</b>	<b>9505</b>	<b>6573</b>





















# Challenges & Constraints

- **Terrorism**
- **Extreme Poverty because of non availability and developmental programs.**
- **Lack of Education**
- **Lack of Communication Infrastructure**
- **Non-Availability of Health Education and Health Care Facilities**

# Role of Jinnah Medical College in countering the constraints and challenges

- Jinnah Medical Complex Peshawar is a purely welfare medical school and hospital which was established on 16<sup>th</sup> January 2009.
- The aim is to provide Medical Education to the poor and provide health care facilities in the province of KPK which has a big lack of medical education and well being facilities.
- The students of Jinnah Medical College Peshawar have shown excellent results in the annual university examinations.
- Jinnah Medical College Peshawar is attached for clinical practice with public sector's hospitals namely District Head Quarter Teaching Hospital, Charsadda & NaseerUllah Khan Babar Memorial Teaching Hospital Peshawar paying a huge amount of money to these hospitals for provision of the health care facilities to the poorest and downtrodden people of the region.
- The mission of the Jinnah Medical Complex is to provide better & valuable health & education services to the students as well as to the society.
- For the provision of Free Health care facilities and Medical education to the larger number of the poorest segment of KPK and FATA Jinnah Medical college aims to establish its own 500 bed free hospital in the region of KPK and FATA which is infested with multifarious challenges and constraints.

# Best Medical Education



**Tanzeela Khalil**

One of our brilliant student Miss Tanzeela Khalil stood First in 1st professional MBBS Part-I Annual Examination 2010.

Second in 1st professional MBBS Part-II Annual Examination 2011.

First in 2nd professional MBBS Part-II Annual Examination 2012.

Conducted by Khyber Medical University among all public sector and private medical colleges.



**Afaq Ruman Muazzam**

One of our brilliant student Mr. Afaq Ruman Muazzam stood 3rd in 2nd professional MBBS Annual Examination 2011, conducted by Khyber Medical University among all public sector and private medical colleges.



**Hina Bahadur**

One of our brilliant student Miss Hina Bahadur stood 3rd in 1st professional MBBS Part-I Annual Examination 2012, conducted by Khyber Medical University among all public sector and private medical colleges.

# Best Performance of Jinnah Medical College in Expo 2013 & 2014



# Few Glimpses of Education Expo 2013



# Celebration of Pink Day In Jinnah Medical College







# BREAST Cancer



It is caused by cells in the breast multiplying too fast. It can be found in both breasts. It is a disease that can be treated if found early.

**Awareness**  
To be the first to find a lump, you need to know what to look for. Regular self-exams can help you find a lump early. It's important to know your breasts and how they feel. If you find a lump, see a doctor right away.

**Empower**  
You can take control of your health. Get a mammogram regularly. It can find a lump before it's big enough to feel. You can also talk to your doctor about your options. You have the right to know what's going on and to make your own choices.



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Cancer

100%  
Cancer

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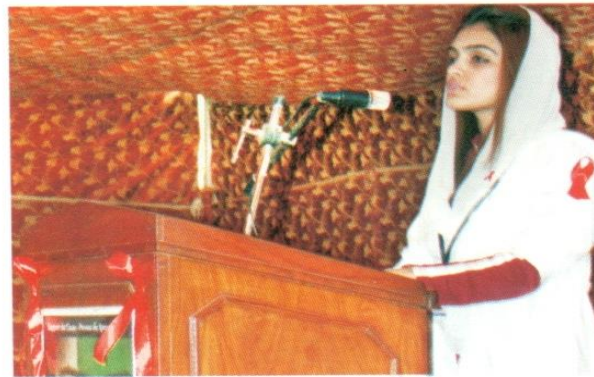
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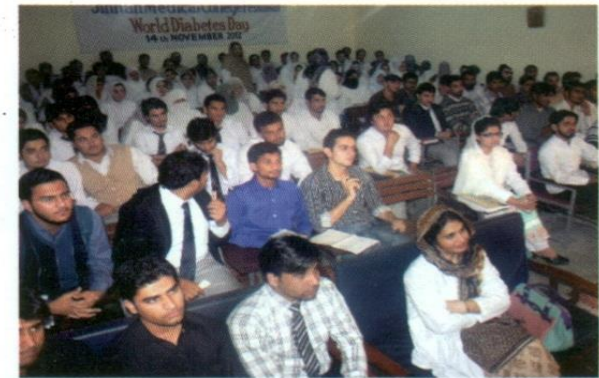
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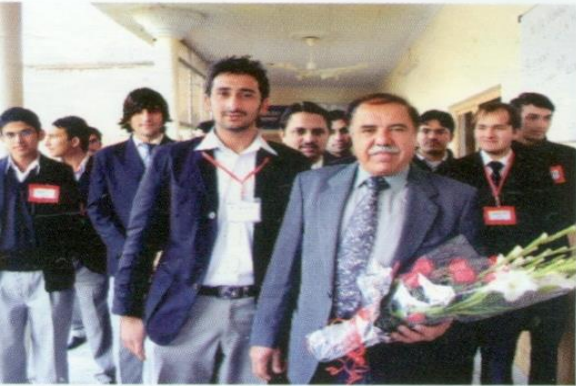
# World's AIDS day In Jinnah Medical College



# World's Diabetes Day



# Medical Conferences and Seminars



# Future Planning Of Jinnah Medical College

# Jinnah Medical College Peshawar 500 Beded Free Hospital



# Underconstruction Hospital

- Construction of Jinnah medical College









UROLOGY

WAITING AREA



**JINNAH**  
**MEDICAL COLLEGE**  
**& HOSPITAL**  
A Project of Ghulam Yousaf Education System Pvt Ltd





# Ghulam Yousuf University



# Shortfall of Resources

- We are grossly confronted with the short of resources in terms of finances as well as medical equipment. Just to name few :-
  - MRI
  - CT Scan Machine
  - Ultrasound Machine
  - Laboratory Equipments
  - Blood Bank Equipments

# Point for Consideration of the Audiences

- To enable Jinnah Medical College in producing the enlightened and professional doctors and provision of free health care facility to the poorest people of the terrorism ridden region of Pakistan, all the honorable and generous/magnanimous participants of this forum are welcome for donation in terms of financial help or in any shape like provisioning of MRI, CT Scan, Ultrasound , Laboratory Equipments, Blood bank equipments etc.
- This help will go a long in producing modern enlightened doctors in the area of KPK/FATA and will also help in provisioning of free and better health care facilities to the poorest of the region.
- The Contact can be made on the following address:-
  - ❖ Jinnah Medical College,
  - ❖ Warsak Road, Peshawar.
  - ❖ [info@jmcp.edu.pk](mailto:info@jmcp.edu.pk)
  - ❖ [ishaq@jmcp.edu.pk](mailto:ishaq@jmcp.edu.pk)
  - ❖ Phone: +92915602471-73      Fax: +92915602475
  - ❖ Account No: 00094006 (Khyber Bank Warsak Road)



Thank You