The Anal Fistula Plug versus the mucosal flap advancement for the treatment of Anorectal Fistula

Published: 30-08-2006 Last updated: 09-05-2024

To compare the Anal Fistula Plug with the mucosal flap advancement in the treatment of high perianal fistula in terms of success rate, continence, postoperative pain and sick leave.

Ethical review Approved WMO

Status Pending

Health condition type Anal and rectal conditions NEC

Study type Interventional

Summary

ID

NL-OMON29774

Source

ToetsingOnline

Brief title

Plug

Condition

- Anal and rectal conditions NEC
- Gastrointestinal therapeutic procedures

Synonym

anorectal fistula, perianal fistula

Research involving

Human

Sponsors and support

Primary sponsor: Academisch Medisch Centrum

Source(s) of monetary or material Support: Ministerie van OC&W,Cook Medical

Intervention

Keyword: Anal Fistula Plug, Mucosal flap advancement, Perianal fistula, Recurrence

Outcome measures

Primary outcome

- 1. Anorectal fistula closure rate
- 2. Continence

Secondary outcome

- 1. Morbidity
- 2. Post-operative pain
- 3. Quality of life
- 4. Sick leave

Study description

Background summary

Low transsfincteric fistulas less than 1/3 of the sphincter complex are easy to treat by fistulotomy with a good success rate. High transsfincteric fistulas remain a surgical challenge. Various surgical procedures are available, but all of these techniques have a disappointing recurrence rate. Recently Armstrong and colleques reported about a new biologic anal fistula plug, a bioabsorbable xenograft made of lyophilized porcine intestinal submucosa. A promising result was achieved in their prospective series of 15 patients treated with the Anal Fistula Plug.

Study objective

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To compare the Anal Fistula Plug with the mucosal flap advancement in the treatment of high perianal fistula in terms of success rate, continence, postoperative pain and sick leave.

Study design

Prospective double blinded randomised controlled trial

Intervention

Placement of the anal fistula plug in the tract of the anorectal fistula.

Study burden and risks

burden:

Filling out four questionnaire forms before and after surgery

Risk:

No risk

benefit:

No benefit

Contacts

Public

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postbus 22660 1100DD Amsterdam Nederland

Scientific

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years) Elderly (65 years and older)

Inclusion criteria

High anorectal fistula of cryptoglandular origin (transsfincteric, upper 2/3 of the sfinctercomplex which is confined by the puborectal sling and the end of the anal canal)) Informed consent

Exclusion criteria

Age<18 years; HIV-positive; Crohn*s disease; No internal opening found during surgery

Study design

Design

Study type: Interventional

Intervention model: Parallel

Allocation: Randomized controlled trial

Masking: Double blinded (masking used)

Control: Active

Primary purpose: Treatment

Recruitment

NL

Recruitment status: Pending

Start date (anticipated): 01-09-2006

Enrollment: 60

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Type:	Anticipated
Type:	Anticipate

Ethics review

Approved WMO

Application type: First submission

Review commission: METC Amsterdam UMC

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register ID

CCMO NL13652.018.06