

The Anal Fistula ligation of the intersphincteric tract (LIFT) with or without local injection of platelet rich plasma versus mucosal advancement flap for treatment of transsphincteric anal fistula

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Status	RECRUITING
Sponsor	khaled madbouly
Enrollment	116 participants

Plain Language Summary

This study compares three surgical techniques for treating a high anal fistula (an abnormal tunnel between the inside of the bowel and the skin near the anus). High anal fistulas are difficult to treat without risking bowel control. The three approaches tested are: ligation of the tract (LIFT), LIFT with platelet-rich plasma injection to help healing, and a tissue flap procedure. The goal is to find which method has the best cure rate while preserving bowel control.

You may be eligible if:

- You are 18 to 75 years old
- You have a high anal fistula (through the upper two-thirds of the sphincter muscle) of cryptoglandular origin (not caused by Crohn's disease or infection)
- You have given informed consent

You may NOT be eligible if:

- No internal opening can be found during surgery
- You are HIV-positive
- You have Crohn's disease, cancer, tuberculosis, or hidradenitis suppurativa
- Your fistula is caused by a pilonidal sinus

Talk to your doctor about whether this trial might be right for you.

Locations (1 total)

Egypt