**Fistula-in-ano**

A fistula is an abnormal communication between two hollow structures (or a hollow structure and the external environment) lined with epithelium. In the case of fistulas-in-ano, this connection is usually between the rectum at the dentate line and the perianal skin. The etiology of most anorectal abscesses is an infection of small perianal glands that drain into the crypts of the dentate line. Drainage of the abscess through a skin incision over the abscess cavity then creates a tract from the crypt to the perianal skin. The glands are located between the internal and external sphincters. Therefore, the tract traverses these muscles. First line treatment of a fistula-in-ano is fistulotomy, an incision of the overlying muscle (turning a tunnel into a ditch). However, in some cases this incision would involve division of an amount of muscle that would leave the patient incontinent. In those cases, a portion of the muscle is divided and a placeholder is left in the remaining tract. If the fistula is presumed to be from a chronic etiology (such as Crohn’s Disease), a vessel loop is placed through the track. In most cases though, a silk suture is left in place (a seton). Subsequently, time is allowed for healing of the partially divided muscle and the patient returns to the operating room for the second stage of his or her operation.