Surgical closure of anorectal fistulas often is a difficult challenge. Simple, superficial fistulas may be treated safely with fistulotomy. In contrast to fistulotomy, the use of the OTSC® closure system overcomes the limitations of fistulotomy and fistulectomy, such as the possibility of anastomotic leakage, fistula plug failure, and fistula recurrence. The OTSC® system is the only device with a self-expanding nitinol® clip that provides a permanent closure of the internal fistula opening. The OTSC® clip is composed of a nitinol® spiral made of a stainless steel superelastic alloy. The OTSC® clip performs a dynamic closure of the internal fistula opening rather than a static closure. Therefore, the clip performs a dynamic closure of the internal fistula opening rather than a static and therefore potentially insufficient closure like sutures.

References


OTSC® Proctology

OTSC® clip application is an established procedure for treating fistulas and anastomotic leaks in the digestive tract. Now OTSC® is also available for proctology.

- Rapid, minimally invasive, surgical procedure
- Easy transanal clip application by ergonomic one-hand operated instrument
- Closure of anastomotic leaks
- No relaxation or rupture of sutures

These features and therapeutic functions of the system are based on material selection and design: the superelastic Nitinol® is biocompatible and, if needed, even suited and approved to be applied as a long-term implant. The dynamic tissue compression enabled by the superelastic material adapts to thickness and texture of the tissue grasped and readjusts depending on the actual requirements of the situation. This avoids overcompression and at the same time ensures constant pressure delivery to the tissue which makes it also most suitable for the treatment of anorectal fistulas and anastomotic leaks.

The use of the OTSC® Proctology system is based on a special handheld applicator device for transanal use. In addition, for support of the application two accessories are available: the OTSC® Fistula Brush for debridement of the fistula tract and the OTSC® Proctology Anchor for alignment of the internal fistula opening with the applicator cap.

2

Before application of the OTSC® Proctology it must be guaranteed that no abscess of major infection has developed in the course of the fistula. This can be achieved with the placement of a seton drainage at least three months before clip application.

The technique of clip application depends on the application site within the anorectum: unlike the anal canal, the rectum is not supplied with somatosensory nerves and therefore not subject to pain.

3

To avoid that the clip will be applied on the very sensitive anoderm rather than on the stable sphincter muscle, a circular area of anoderm about two centimeters in diameter around the internal opening of the fistula is excised. In the rectum, this preparation is not required.

4

For fistula preparation the special brush can be used to remove all of the granulation tissue lining the fistula tract. Therefore the seton for drainage is attached to the lug of the brush for simplified insertion of the brush. After debridement of the fistula tract by alternating movements of the brush, the tract is rinsed with saline. The shaft of the brush can be left in place to indicate the internal opening of the fistula.

6

If performed correctly, the applied clip closes the internal opening of the fistula by digging its teeth into the sphincter muscle and compresses the proximal fistula tract. If the sutures have guided the clip applicator appropriately, the sutures must be seen in the center of the captured tissue within the clip after removal of the applicator. They can either be knotted for additional closure of the fistula or cut off.