Optimising Seton Techniques in the Management of Perianal Fistula: A Contemporary Overview

Omar Alhafidh
Mid Cheshire Hospitals NHS FT

Abstract

Seton placement remains a cornerstone in the surgical management of perianal fistulas, providing reliable drainage, infection control, and preservation of sphincter function in selected patients. Despite their ancient origins, setons continue to evolve, with multiple materials and techniques available to tailor treatment to individual fistula anatomy.

Cutting setons offer high healing rates for complex or high trans-sphincteric fistulas through gradual, controlled sphincter division, though reported incontinence rates vary widely, necessitating careful patient selection.

Loose setons, in contrast, prioritise sphincter preservation and long-term drainage, making them particularly valuable in Crohn's disease, recurrent fistulas, or cases where continence is at risk. Material choice—including rubber bands, silk, polypropylene, and polyester—can influence postoperative pain, local infection, ease of handling, and patient satisfaction, although recurrence outcomes remain comparable across most types.

While the technique may appear straightforward, optimal outcomes require detailed understanding of perianal anatomy and thoughtful intraoperative decision-making regarding seton type, tension, and intended duration. As evidence continues to expand, seton placement retains its role as a versatile and essential component of both staged and definitive management strategies for complex perianal fistulas, contributing significantly to improved patient quality of life.