



Théta PEST
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Surgical Information and Prices

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for

THÉTA Pest

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Fistula Surgery Laser - Microwave Device

A fistula is an abnormal connection between two natural body cavities or hollow organs, or an abnormal opening leading from these to the body surface. Fistulas can originate from unhealed wounds following injuries or from abscesses resulting from inflammatory pus accumulations that have burst spontaneously. Whether they form after external injuries or inflammation, the opening's internal surface is initially covered by granulation tissue, which later epithelializes and scars. Fistulas can develop in any body cavity or hollow organ.

Thanks to modern surgical procedures, professional wound care, and post-treatment, their occurrence has decreased, and when they do develop, they are relatively easy to treat, although they can still cause considerable discomfort and challenges. The most common types are anal fistulas and urethral fistulas.

Anal fistulas often result from inflammation around the hemorrhoidal nodes (piles) or from inflammation of the connective tissue surrounding the rectum. Without proper medical intervention, they are difficult to heal, as secretions continuously enter the fistula from the connected cavity, preventing the closure of the gap. Healing may also be hindered by the constant movement of the fistula walls caused by the surrounding muscles, which prevents the stable resting state necessary for recovery.

Preconditions for Surgery:

- The patient's complete mental and physical well-being
- Negative laboratory results not older than 2 weeks
- EKG results not older than 2 weeks
- A lung screening or chest X-ray result within one year
- Payment of the organizing fee

It is essential to ensure that the patient **has no known drug allergies—especially to local anesthetics—before the procedure!**

It's important to inform **us if you have any blood clotting disorders**, but you do not need to stop taking your medication—including anticoagulants—because of the procedure.

Surgery cannot be performed if:

Preoperative examination reveals abnormal laboratory values that could interfere with the procedure. After these have been addressed, surgery may proceed.



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Preoperative Preparations:

- The day before the surgery, after a light lunch, only liquids (such as soup, fruit juice, tea, etc.) may be consumed, and smoking is allowed only until midnight..
- **FROM MIDNIGHT, EATING, DRINKING, SMOKING, AND EVEN CHEWING GUM ARE PROHIBITED! If this is not followed, the surgery cannot be performed!**
- Information about taking regularly prescribed medications before the surgery will be provided during the consultation with the operating doctor.
- If necessary, ensure that the surgical area(s) are shaved.
- Follow the checklist provided at the end of this information.
- After receiving oral information, the patient signs the surgical consent form.



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V23 Clinic

1125 Budapest, Virányos út 23/D.

2024 Prices

Operating Surgeon: Dr. István Rozsos

Phone.: +36 70 907 1234

Procedure: Microwave nodus surgery+ fistula surgery

The surgery price always includes:

- Full microwave Fistula surgery
- Anesthesia
- Observation, which lasts 4 hours
- The first post-surgery check-up at the agreed time

Full price for surgery: **690.000 HUF**

A scheduling fee of 100,000 HUF is required to secure the appointment, which **will be deducted from the surgery cost.**

If the surgery is canceled due to the patient's fault, the scheduling fee is non-refundable.

Payment Methods: (for the remaining amount)

- **Advance bank transfer**, latest by the morning of the business day before the procedure (bring or email the transfer receipt to theta.mutet@gmail.com).
- **Cash** on the day of the procedure at the location.
- **Credit card** on the day of the procedure at the location.

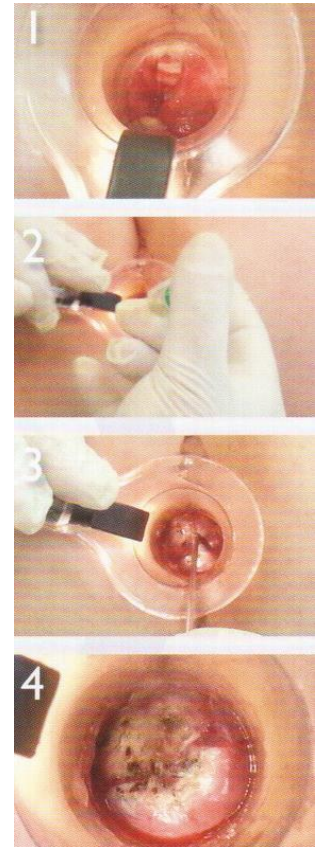


Procedure for Surgical Treatment

Laser-Microwave Removal of Anal Fistula

During the laser-microwave treatment of an anal fistula, only the internal opening located in the rectum and the external opening are excised. A specialized laser fiber is then inserted into the remaining fistula tract, which often passes between the layers of the sphincter muscle over several centimeters. The fiber delivers circular energy that essentially "seals" the walls of the fistula tract, completely closing it. This eliminates secretions and stops any internal "supply," allowing the fistula tract to be absorbed.

The significant advantage of this technique is that it does not require extensive surgery, which previously involved the complete dissection of the fistula tract's surrounding area. This results in a quick and virtually painless recovery. With minimal wounds, normal daily activities can be resumed as early as 1-2 days after the procedure.



Postoperative Care, Medications, Lifestyle at Home, and Medical Follow-Up:

- **Drinking and Eating:** One hour after the surgery, you may drink, and if you feel well, you can leave the facility four hours later. Light meals are permitted at that time.
- **Tampon Removal:** A longer gauze tampon is placed during the surgery. If possible, remove it the day after surgery during your first bowel movement.
- **Dietary Recommendations:** Post-surgery, avoid both constipation and diarrhea. To achieve this, it is recommended to consume dietary bran with meals and ensure adequate fluid intake.
- **Pain Management:** For pain, feel free to use painkillers you have previously used, such as Cataflam, Advil, Panadol, Algopyrin, etc.
- **Suppository Use:** Use the prescribed suppository twice daily (morning and evening) after cleaning the surgical area, as long as the area remains painful—typically for about one week.
- **Detralex:** Start taking Detralex in increased doses from the day after surgery. Take six tablets daily for the first four days, and four tablets daily from days 5 to 7.



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- **Disinfection:** Due to swelling and local inflammation at the surgical site, disinfect the area with Betadine after cleaning for at least one week.
- **Lifestyle:** Adopt a gentle lifestyle during the postoperative period, avoiding heavy physical exertion, especially lifting heavy weights. Patients can take care of themselves, remain mobile, and perform intellectual work.
- **Follow-Up:** The necessity of additional medications and the timing of follow-up appointments will be determined by the doctor. The patient is responsible for attending scheduled follow-ups and complying with medical instructions to avoid potential health deterioration. Generally, follow-up examinations are required two weeks after the surgery, six months later, and then annually.

Consequences of the Procedure:

- **Pain:** Tension pain immediately after surgery is natural, and pain management begins promptly.
- **Swelling:** The surgical site may swell, which is a normal part of the healing process.
- **Bleeding:** Mild bleeding after bowel movements may occur for 1-2 weeks post-surgery.

Symptoms Requiring Immediate Medical Attention:

Postoperative fever, sudden swelling of the limb, throbbing pain, or discharge from the wound should be immediately reported to the operating doctor.



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Checklist:

1. Laboratory results not older than 2 weeks.
2. EKG results not older than 2 weeks.
3. Lung screening or chest X-ray result within one year.
4. Price quote.
5. **From midnight before anesthesia, no eating, drinking, smoking, or chewing gum!**
6. Bring comfortable clothing and slippers.
7. **Take your blood pressure and heart medications on the morning of the procedure, as well as any other regularly taken medications as discussed beforehand.**
8. Shave the surgical areas if necessary.
9. Transfer the organizing fee.

Thank you for your trust!

Dr. István Rozsos

Vascular surgeon

For further questions not covered here, please feel free to contact us:

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