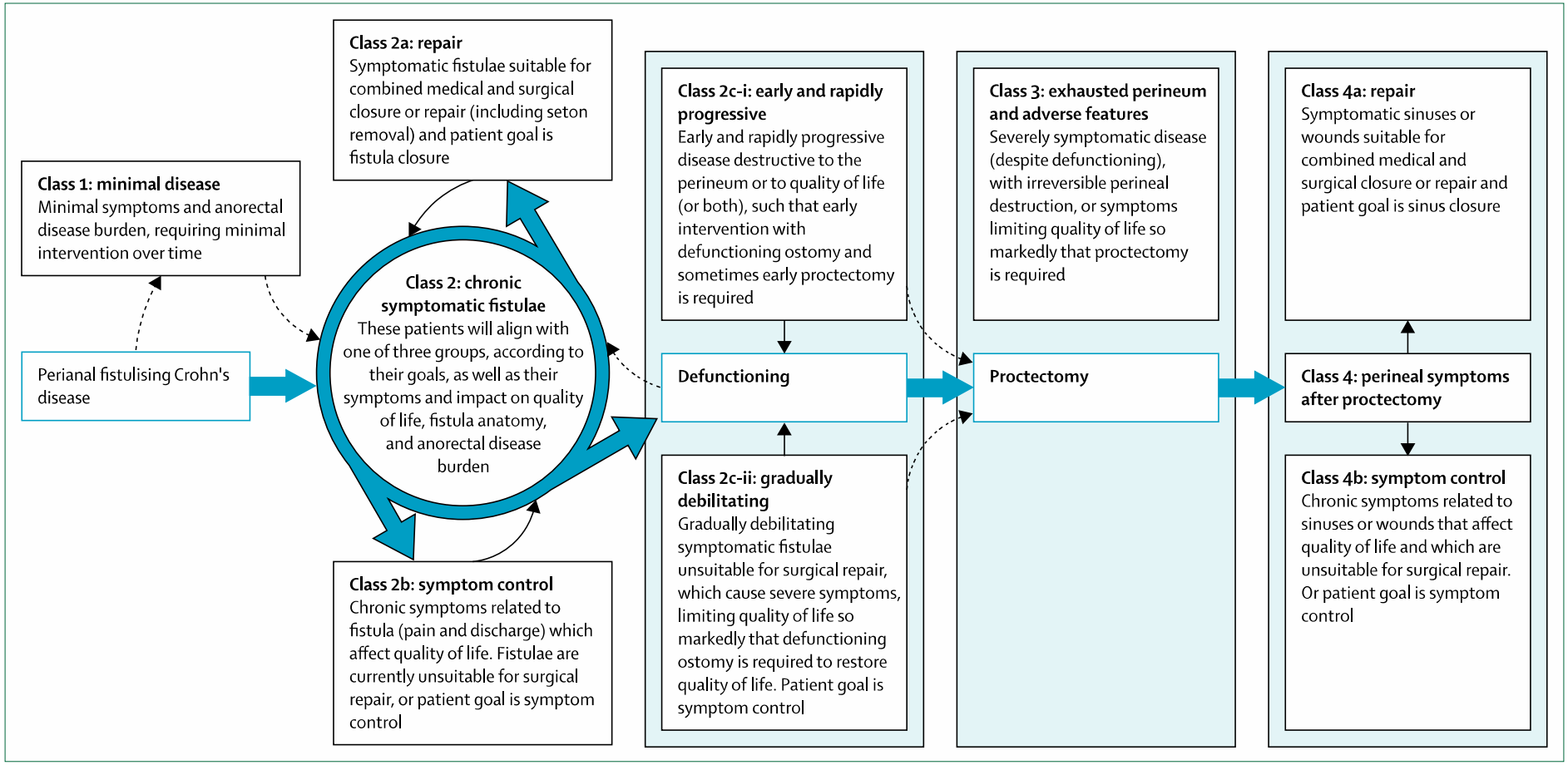
Class 2a: repair
Symptomatic fistulae suitable for combined medical and surgical closure or repair (including seton removal) and patient goal is fistula closure
Class 1: minimal disease
Minimal symptoms and anorectal disease burden, requiring minimal intervention over time
Perianal fistulising Crohn's disease
Class 2: chronic symptomatic fistulae
These patients will align with one of three groups, according to their goals, as well as their symptoms and impact on quality of life, fistula anatomy, and anorectal disease burden
Class 2b: symptom control
Chronic symptoms related to fistula (pain and discharge) which affect quality of life. Fistulae are currently unsuitable for surgical repair, or patient goal is symptom control
Class 2c-i: early and rapidly progressive
Early and rapidly progressive disease destructive to the perineum or to quality of life (or both), such that early intervention with defunctioning ostomy and sometimes early proctectomy is required
Defunctioning
Class 2c-ii: gradually debilitating
Gradually debilitating symptomatic fistulae unsuitable for surgical repair, which cause severe symptoms, limiting quality of life so markedly that defunctioning ostomy is required to restore quality of life. Patient goal is symptom control
Class 3: exhausted perineum and adverse features
Severely symptomatic disease (despite defunctioning), with irreversible perineal destruction, or symptoms limiting quality of life so markedly that proctectomy is required
Proctectomy
Class 4a: repair
Symptomatic sinuses or wounds suitable for combined medical and surgical closure or repair and patient goal is sinus closure
Class 4: perineal symptoms after proctectomy
Class 4b: symptom control
Chronic symptoms related to sinuses or wounds that affect quality of life and which are unsuitable for surgical repair. Or patient goal is symptom control