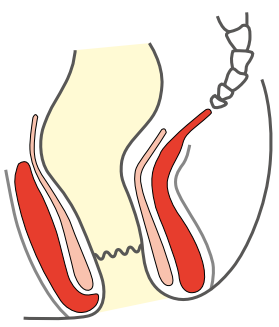
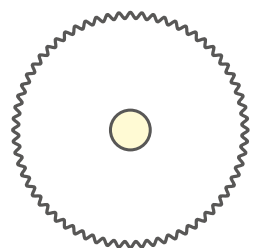
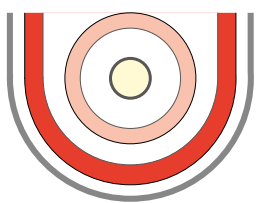
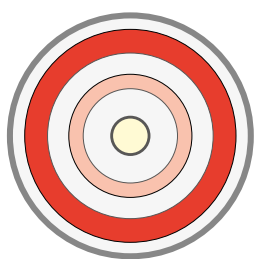
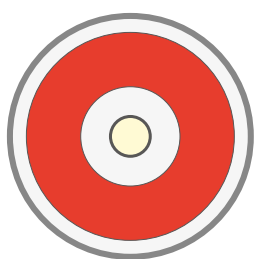
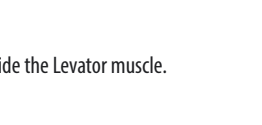


The SMART Template for anal fistula reporting in MRI & EAUS

Patient name:

Examiner:

Date of exam:

1. Primary tract	Number	<input type="checkbox"/> Single (not branched) <input type="checkbox"/> Multiple (number) *	
	Park's classification	<input type="checkbox"/> Type I: Intersphincteric <input type="checkbox"/> Type II: Transsphincteric <input type="checkbox"/> Type III: Suprasphincteric <input type="checkbox"/> Type IV: Extrasphincteric	
	Garg's classification	<input type="checkbox"/> Type I: Low intersphincteric/transsphincteric single tract <input type="checkbox"/> Type II: Low with multiple tracts/collection/horseshoe (hor) <input type="checkbox"/> Type IIIA: High transsphincteric single tract <input type="checkbox"/> Type IIIB: Anterior tract in a female or with comorbidities** <input type="checkbox"/> Type IV: High transsphincteric with multiple tracts/collection/hor <input type="checkbox"/> Type V: Suprasphincteric/Supralelevator/Extrasphincteric/RIFIL	
	Other	<input type="checkbox"/> Anovaginal <input type="checkbox"/> Rectovaginal	
	Location (clock dial)	<input type="checkbox"/> Anterior (11 to 1 o'clock) <input type="checkbox"/> Left lateral (2 to 4 o'clock) <input type="checkbox"/> Posterior (5 to 7 o'clock) <input type="checkbox"/> Right lateral (8 to 10 o'clock)	
	Height	<input type="checkbox"/> Low (HOPE): 1/3 of the EAS; <input type="checkbox"/> High (HOPE): >1/3 of EAS	
	Maximum diameter (mm)	<input type="checkbox"/> Peripheral:; <input type="checkbox"/> Transsphincteric; <input type="checkbox"/> Intersphincteric; <input type="checkbox"/> Suprasphincteric; <input type="checkbox"/> Extrasphincteric	
	Fistula activity in MRI	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate	
2. Secondary Extension	<input type="checkbox"/> No <input type="checkbox"/> Yes	Number of branches: Location: <input type="checkbox"/> Anterior; <input type="checkbox"/> Left lateral; <input type="checkbox"/> Posterior; <input type="checkbox"/> Right lateral Height: <input type="checkbox"/> Low (1/3 of the EAS) <input type="checkbox"/> High (>1/3 of the EAS) Type: <input type="checkbox"/> Inter- <input type="checkbox"/> Trans- <input type="checkbox"/> Supra- <input type="checkbox"/> Extra- <input type="checkbox"/> RIFIL <input type="checkbox"/> perineum <input type="checkbox"/> Horseshoe: ischioanal; inter-; supra-; other..... Diameter (mm):	
			
3. Internal opening	<input type="checkbox"/> No <input type="checkbox"/> Yes	Number of internal openings: Location (clock dial): Height: <input type="checkbox"/> Low (1/3 of the EAS) <input type="checkbox"/> High (>1/3 of the EAS) Patency: <input type="checkbox"/> Complete <input type="checkbox"/> Blind <input type="checkbox"/> Indeterminate	
4. Collection	<input type="checkbox"/> No <input type="checkbox"/> Yes	Location: <input type="checkbox"/> Anterior; <input type="checkbox"/> Left lateral; <input type="checkbox"/> Posterior; <input type="checkbox"/> Right lateral Type: <input type="checkbox"/> Perianal <input type="checkbox"/> Intersphincteric <input type="checkbox"/> Ischioanal <input type="checkbox"/> Suprasphincteric <input type="checkbox"/> Supralelevator <input type="checkbox"/> Horseshoe <input type="checkbox"/> Complex	
5. Lesions coexisting	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Hidradenitis suppurativa <input type="checkbox"/> Pilonidal cyst <input type="checkbox"/> Bartholin gland disease <input type="checkbox"/> Other	
6. Sphincters morphology	<input type="checkbox"/> IAS <input type="checkbox"/> EAS <input type="checkbox"/> PR	<input type="checkbox"/> Regular <input type="checkbox"/> Defect <input type="checkbox"/> Thinning <input type="checkbox"/> Scar <input type="checkbox"/> Atrophy Location of abnormality: clock dial Sphincter involvement (%):	
L – Lower; M – Middle; U – Upper level of the anal canal; AR – Anorectum; R – right; L – left; A – Anterior; P – Posterior; – IAS (Internal anal sphincter); – EAS and PR (External anal sphincter and Puborectalis)			

*In case of multiple fistulas, each requires a separate assessment on the same template;

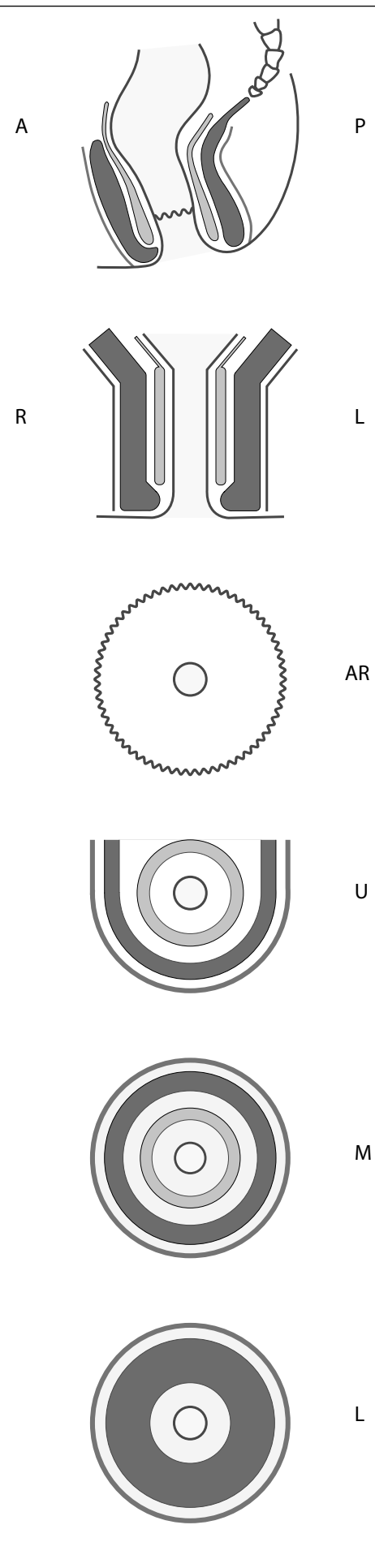
**Crohn's disease, existing sphincter injury/weakness or post radiation exposure; HOPE: Height of penetration of EAS; RIFIL: Roof of Ischiorectal Fossa Inside the Levator muscle.

The SMART Template for anal fistula reporting in MRI & EAUS

Patient name:

Examiner:

Date of exam:

1. Primary tract	Number	<input type="checkbox"/> Single (not branched) <input type="checkbox"/> Multiple (number) *	
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	Garg's classification	<input type="checkbox"/> Type I: Low intersphincteric/transsphincteric single tract <input type="checkbox"/> Type II: Low with multiple tracts/collection/horseshoe (hor) <input type="checkbox"/> Type IIIA: High transsphincteric single tract <input type="checkbox"/> Type IIIB: Anterior tract in a female or with comorbidities** <input type="checkbox"/> Type IV: High transsphincteric with multiple tracts/collection/hor <input type="checkbox"/> Type V: Suprasphincteric/Supralelevator/Extrasphincteric/RIFIL	
	Other	<input type="checkbox"/> Anovaginal <input type="checkbox"/> Rectovaginal	
	Location (clock dial)	<input type="checkbox"/> Anterior (11 to 1 o'clock) <input type="checkbox"/> Left lateral (2 to 4 o'clock) <input type="checkbox"/> Posterior (5 to 7 o'clock) <input type="checkbox"/> Right lateral (8 to 10 o'clock)	
	Height	<input type="checkbox"/> Low (HOPE): 1/3 of the EAS; <input type="checkbox"/> High (HOPE): >1/3 of EAS	
	Maximum diameter (mm)	<input type="checkbox"/> Peripheral:; <input type="checkbox"/> Transsphincteric; <input type="checkbox"/> Intersphincteric; <input type="checkbox"/> Suprasphincteric; <input type="checkbox"/> Extrasphincteric	
Fistula activity in MRI	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate		
2. Secondary Extension	<input type="checkbox"/> No <input type="checkbox"/> Yes	Number of branches: Location: <input type="checkbox"/> Anterior; <input type="checkbox"/> Left lateral; <input type="checkbox"/> Posterior; <input type="checkbox"/> Right lateral Height: <input type="checkbox"/> Low (1/3 of the EAS) <input type="checkbox"/> High (>1/3 of the EAS) Type: <input type="checkbox"/> Inter- <input type="checkbox"/> Trans- <input type="checkbox"/> Supra- <input type="checkbox"/> Extra- <input type="checkbox"/> RIFIL <input type="checkbox"/> perineum <input type="checkbox"/> Horseshoe: ischioanal; inter-; supra-; other..... Diameter (mm):	
3. Internal opening	<input type="checkbox"/> No <input type="checkbox"/> Yes	Number of internal openings: Location (clock dial): Height: <input type="checkbox"/> Low (1/3 of the EAS) <input type="checkbox"/> High (>1/3 of the EAS) Patency: <input type="checkbox"/> Complete <input type="checkbox"/> Blind <input type="checkbox"/> Indeterminate	
4. Collection	<input type="checkbox"/> No <input type="checkbox"/> Yes	Location: <input type="checkbox"/> Anterior; <input type="checkbox"/> Left lateral; <input type="checkbox"/> Posterior; <input type="checkbox"/> Right lateral Type: <input type="checkbox"/> Perianal <input type="checkbox"/> Intersphincteric <input type="checkbox"/> Ischioanal <input type="checkbox"/> Suprasphincteric <input type="checkbox"/> Supralelevator <input type="checkbox"/> Horseshoe <input type="checkbox"/> Complex	
5. Lesions coexisting	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Hidradenitis suppurativa <input type="checkbox"/> Pilonidal cyst <input type="checkbox"/> Bartholin gland disease <input type="checkbox"/> Other	
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