

Department of Colorectal Surgery

Anal Fissures

Treatment options including

Lateral Sphincterotomy

This information is for patients with anal fissures. It explains what an anal fissure is and the treatment options available.

What is an anal fissure?

An anal fissure is a tear or a small crack in the skin at lower end of the anus (back passage). The condition is also referred to as Fissure-in-ano.

It is probably the result of pressure forced onto the wall of the anal canal either by passage of hard stool or straining with a loose stool.

What are the symptoms?

- **Pain**

The pain is severe on and following bowel action and it can last a few minutes to several hours. The pain is caused by spasm of the anal sphincter (the inner circle of muscle in the anal canal). Because of the pain, patients with this condition fear bowel movement and often try to avoid it. This leads to further constipation with harder stools, which in turn increases the pain.

- **Bleeding**

The tear may result in bleeding during bowel movement and you might find blood staining on the toilet paper on wiping.

- **Skin tag**

Sometimes swelling can occur near or around the fissure. This can cause a skin tag to develop (a piece of skin which hangs from surrounding skin). This can have mucus discharge (oozing) which causes excoriation (rubbing of the area around) and itchiness.

What are the treatments?

Anal fissures may heal without treatment. Some fissures do not heal due to poor blood supply. There are two types of treatment: conservative (non-surgical) and surgical.

Conservative treatment

The first stage of treatment is to reduce the pain and swelling. An internal examination will not be carried out when there are high levels of pain. We would recommend the following:

- **High fibre diet**

By eating a high fibre diet you should aim to keep your stools soft but bulky. Your doctor or specialist nurse can give you information about a high fibre diet.

- **Increase fluids**

Drinking plenty of water (about 2 to 2.5 litres per day) will also help to keep your stools soft.

- **Local anaesthetic ointment**

Sometimes applying local anaesthetic ointment before and after a bowel movement makes passing stools easier with less pain. Your GP may prescribe either:

- Diltiazem hydrochloride (anoheal) 2% ointment
- Rectogesic ointment 0.4%

They should be applied rectally (to your bottom). When applying the ointment, wrap a piece of cling film round the finger as an applicator before application. This is because one of the side effects of the ointments is headaches, and the cling film will help to cut down the amount that your body absorbs via your nail bed.

If your symptoms resolved, you should continue with the ointment for at least a further 4 weeks.

To help with the healing of your fissure we also recommend:

- Washing/ showering and dabbing dry your back passage following each bowel action until your fissure is fully healed.
- A warm-hot bath to relax yourself and sooth the anal discomfort.

Surgical treatment

If the above measures have not healed your fissure, surgery might be considered. The operation for anal fissure is called a **lateral sphincterotomy** and it has a high success rate of curing fissures.

What does the operation involve?

Sphincterotomy involves cutting / slitting part of the internal sphincter muscle. The cut relieves the spasm of the muscle, stops the pain and allows the fissure to heal.

It is usually carried out as a day case under general anaesthesia (which means you would be 'asleep' for the operation). The operation takes about 10 to 15 minutes. Therefore the anaesthesia used during the procedure is light and the anaesthetic effect does not last long.

Often the operation site only needs one suture (stitch). Dissolvable ones are used, which means they fade away naturally and do not need to be removed. A small soft sponge is inserted into the back passage as pressure dressing to prevent bleeding. This spongy dressing is passed out when you next open your bowel.

Are there any risks or side effects?

Every surgery carries a risk of complications and you will have the opportunity to discuss these with your consultant/specialist before the surgery.

In this operation, these are:

- Some pain associated with the surgical cut. This is relieved with mild analgesia such as paracetamol or aspirin.
- A small risk (10 to 20%) of some change in your ability to control wind from the back passage. You could also experience some soiling (slight incontinence).

What happens afterwards?

Once you are fully recovered you can leave hospital accompanied by a member of your family or a friend. You must

not drive or operate any machinery for at least 24 to 48 hours following your operation.

Before you leave the hospital, we will prescribe lactulose and/or fybogel, and pain relieving tablets for a week or two. The lactulose and fybogel will help to produce soft but bulky stools to make passage of stool easier. The pain relieving tablets will help to ease the post-operative pain.

You will not need a special dressing but have a covering e.g. a piece of gauze to place over your anus (back passage). This should keep the wound clean and dry at all times. This will also help to make you feel more comfortable and heal more quickly. You should wash / shower the area following each bowel action and at least two to three times daily. Female patients may also find it necessary to wash / shower and dry the area after passing urine each time.

We advise you to eat and have a high fibre diet; your doctor or specialist nurse can give you information about this. You also need to increase your daily fluid intake (about 2 to 2.5 litres) unless you have been advised by your GP to limit your fluid intake.

You should be able to return to work few days after your operation.

Any questions?

If you have any problems please contact the consultant team secretary. An appointment will be organised for you to see a specialist as soon as possible or if necessary.

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