

Anal Fissure

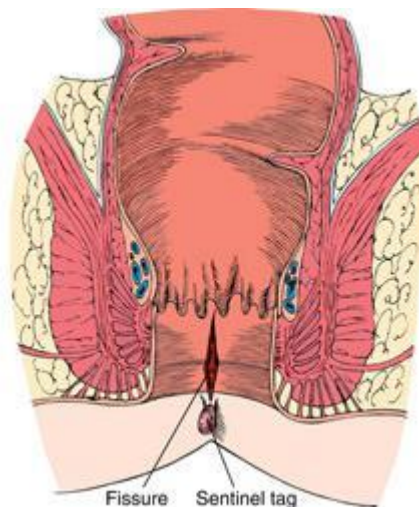
This leaflet explains about anal fissure. If you have any further questions or concerns, please speak to the staff member in charge of your care.

What is an anal fissure?

An anal fissure is a small tear of the skin of the anus. Although the tear of an anal fissure is usually small (usually less than a centimetre), it can be very painful because the anus is very sensitive. The pain tends to be worse when you pass faeces (sometimes called stools or motions) and for an hour or so after passing faeces. Often an anal fissure will bleed a little. You may notice blood after you pass faeces. The blood is usually bright red and stains the toilet tissue but soon stops.

Anal fissures are common in both adults and children. They are not usually serious but they are sore and can be distressing, particularly for children.

In most people the fissure heals within approximately one to two weeks, just like any other small cut of the skin. Some fissures take longer to heal. A fissure that lasts more than six weeks is called a chronic anal fissure (chronic means persistent). This is uncommon but treatment can still be effective.



What are the signs and symptoms?

An anal fissure causes pain in the anus which is worse when you pass faeces. Often it will bleed a little. A fissure heals within one to two weeks in most people but lasts longer in some.

What causes an anal fissure?

Common causes

Most anal fissures are thought to be due to passing large or hard faeces when you are constipated. The rim of the anus may stretch and tear slightly. Spasm (tightening) of the muscle around the anus (the sphincter) may play a part in causing the tear or in slowing down the healing process.

In about 1 in 10 cases, the fissure occurs during childbirth. Sometimes an anal fissure occurs if you have bad diarrhoea.

Anal fissures and other conditions

In a minority of cases, a fissure occurs as part of another condition. For example as a complication of Crohn's disease or an anal herpes infection. In these situations you will have other symptoms and problems as well. These types of fissures are not dealt with further in this leaflet.

Why do some anal fissures not heal so well and become chronic?

It is thought that the muscle tone (pressure) around the anus is quite high in people with a chronic anal fissure. If the muscle tone around the anus is high, the blood supply to the anus is reduced. This can affect how well the tear heals.

What is the initial treatment for an anal fissure?

In most people the fissure heals within a week or so just like any other small cut or tear to the skin. Treatment aims to ease the pain until the fissure heals and to keep the faeces soft and easy to pass.

Treatment options for a chronic anal fissure include an ointment to relax the anal muscle or surgery. These treatments reduce the tone (pressure) around the anus, which allows better healing of the fissure.

Easing pain and discomfort

- Warm baths are soothing and may help the anus to relax which may ease the pain.
- A cream or ointment that contains an anaesthetic may help to ease the pain. You should use this only for short periods at a time (five to seven days). If you use it for longer, the anaesthetic may irritate or sensitise the skin around the anus. You can get one on prescription. You can also buy some of these products at pharmacies without a prescription.
- A cream or ointment that contains a steroid may be prescribed by a doctor if there is a lot of inflammation around the fissure. Steroids reduce inflammation and may help to reduce any swelling around a fissure. This may help to any ease itch and pain. You should not use it for longer than one week at a time.
- Wash the anus carefully with water after you go to the toilet. Dry gently. Don't use soap whilst it is sore as it may irritate.
- Painkillers such as paracetamol or ibuprofen may help to ease the pain but you should avoid codeine - see below.

Avoid constipation and keep the faeces soft

- Eat plenty of fibre, which is in fruit, vegetables, cereals, wholemeal bread, etc.
- Have lots to drink. Adults should aim to drink at least two litres (10-12 cups) of fluid per day. You will pass much of the fluid as urine, but some is passed out in the gut and softens the faeces. Most sorts of drink will do, but alcoholic drinks can be dehydrating and may not be so good.
- Fibre supplements. If a high fibre diet is not helping you can take fibre supplements (bulking agents) such as ispaghula, methylcellulose, bran or sterculia. You can buy these at pharmacies or get them on prescription. Methylcellulose also helps to soften faeces directly which makes them easier to pass.
- Toileting. Don't ignore the feeling of needing the toilet to pass faeces. Some people suppress this feeling and put off going to the toilet until later. This may result in bigger and harder faeces forming that are more difficult to pass later.
- Avoid painkillers that contain codeine such as co-codamol, as they are a common cause of constipation. Paracetamol is preferable to ease the discomfort of a fissure.

What if the anal fissure does not heal with the above measures?

An anal fissure will heal within one to two weeks in most people but takes longer to heal in some people. Even if it has lasted six weeks, when it technically becomes a chronic anal fissure, there is still a reasonable chance that it will heal on its own without treatment. However, treatment can help to heal the fissure as quickly as possible.

Treatment aims to:

- Relax the tone of the muscle around the anus. This allows a good blood flow and enables the fissure to heal as quickly as possible.
- Keep the faeces soft and easy to pass.

2 % Diltiazem Cream (Anoheal) or 0.4% GTN Cream (Rectogesic)

If you apply Diltiazem cream to the anus, it relaxes the muscle around the anus and allows the fissure to heal better. It may also ease the pain.

Diltiazem or GTN cream may help in some, but not all, cases. Some points to note if you use either of these creams include the following.

Diltiazem and GTN creams are only available on prescription. You should use this exactly as described on the leaflet that comes with the packet. For example:

- A standard dose is squeezed out of the tube.
- You squeeze a dose of ointment on to a finger (which you can cover beforehand with cling film or similar). You then place the ointment just inside the anus.

- The ointment is used every 12 hours until pain goes or for at least eight weeks.
- The cream should be kept in the refrigerator when not being used.
- The product leaflet gives details of who should not use the ointment and of side-effects that may occur. For example, it should not normally be used by children and pregnant or breast-feeding women.

Surgery

Some people, but not everyone, are suitable for injection of botulinum toxin (Botox) in the anal canal. This is done with a short general anaesthetic and causes more significant temporary muscle relaxation around the anus allowing the fissure to heal.

A different operation is an option if the fissure fails to heal despite the above treatments. It is also an option if you have recurring fissures.

The usual operation is to make a small cut in the muscle around the anus (internal sphincterotomy). This permanently reduces the tone (pressure) around the anus and allows the fissure to heal. This is a minor operation which is usually done as a day case under general anaesthetic. The success rate with surgery is very high and at least 9 in 10 cases are cured. As with any operation, there is a risk of complications. After this operation, some people have poor control of gas (wind) and a very small number have soiling of underclothes or mild bowel incontinence. But studies have demonstrated that the risk of these complications is small and most people who have this operation are pleased with the result to be free from the symptoms of an anal fissure.

Will it happen again?

Some people seem prone to recurring anal fissures. Up to half of people who have a chronic anal fissure successfully treated with Diltiazem cream will have one or more recurrences at some time in the future. It is thought that these people have a higher than average pressure (tone) of the muscle around the anus. They are more likely to tear the rim of the anus if it is stretched. However, a further course of Diltiazem cream can be used to help to heal any future fissure. Surgery may be an option if you have frequent recurrences.

Prevention of a further anal fissure

If you have had one anal fissure, after it has healed you have a higher than average chance of having another one at some time in the future. The best way to avoid a further fissure is not to become constipated by using the measures described above. That is, a high fibre diet, fluid, etc.

Useful sources of information

NHS Conditions

<https://www.nhs.uk/conditions/anal-fissure/>

<https://www.nhs.uk/conditions/anal-fissure/treatment/>

Contact us

If you have any questions or concerns such as severe abdominal pain for the first 24 hours or if bleeding persists and returns up to two weeks following the procedure, please do not hesitate to contact Endoscopy Unit at 020 8725 1491/2894 during working hours. Out of hours, please contact your GP or the Accident & Emergency Department through the switchboard on 020 8725 1255.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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