

Anal Fissure

1. What is an anal fissure?

Anal fissure is a common condition and, in simple terms, is an unhealed cut or split in the delicate skin of the anus. In almost all cases affects the mid-line at the back of the bottom passage.

It commonly causes pain on and after passing a bowel motion. Frequently some bleeding occurs immediately after having a motion. Chronic fissures often have a small external lump associated with the tear called a sentinel pile or skin tag.

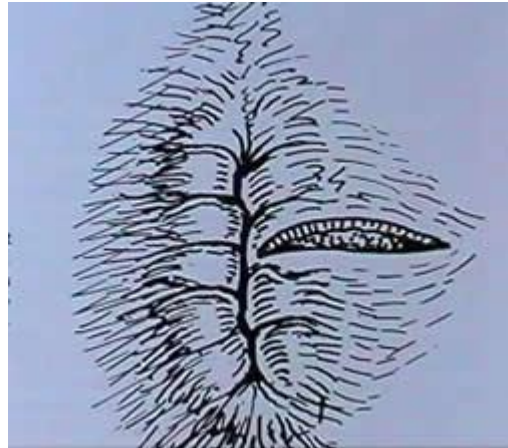
2. What causes it?

Sometimes, but not always, constipation starts it. Severe diarrhea can also cause a fissure. When a fissure is present the muscles that surround the anus [sphincters, internal and external] go into spasm or become tight. The spasm reduces the blood supply to the area which prevents the fissure from healing. A vicious circle is often formed, namely that going to the toilet is avoided and when stools are eventually passed they are larger and harder causing the tear to worsen.

3. How can it be treated?

- Conservatively. Some fissures [especially the acute ones] can be healed by simple dietary measures, especially if there is significant constipation. It is very important that a high dietary fiber intake is ensured in the form of green vegetables, fruit and bran containing foods [i.e. All Bran, Bran flakes etc.] The use of stool softeners and fiber supplements [Movicol and Fybogel] is also beneficial. In addition, warm sitz baths and the regular application of an anesthetic ointment [lignocaine] 2-3 times per day onto and inside the anus will help.
- A nitrate can be added to the ointment (Angised). Angised is an agent that relaxes the muscles around the anus [sphincters] and reduces the resting anal pressure which is abnormally high. Angised mixed with local anesthetic jelly is applied in the anus 3-4 times per day for a period of 4-6 weeks. At the end of this time about 60% of fissures will have healed. However, there is a significant recurrence rate [the fissure coming back] but the treatment can be used again. A possible side effect of Angised is headache. If this occurs and is a problem, you should reduce the number of times you use the ointment per day. If this also fails then you may have to stop the treatment.
- Pain medication can also be used. Avoid medicine that contains any codeine.

- Surgically [lateral sphincterotomy]. Surgery is reserved for chronic fissures that failed to heal, fissures that have recurred and when alternative treatments have failed. The aim of surgery is to reduce the spasm in the inner of the two sphincters by cutting it, to allow the fissure to heal. Do not worry, although part of the inner sphincter is cut, control of the bowel motions is not affected if control was normal before the operation.



About 90-95% of fissures will heal with this operation.

Anal Fissure Operation

1. Before your operation

Lateral sphincterotomy is usually performed as a day case. Day case surgery means that you come to the hospital the day you are to be operated and after surgery, when you recover from anaesthesia [3-4 hours] your escort will take you home.

2. Coming into hospital

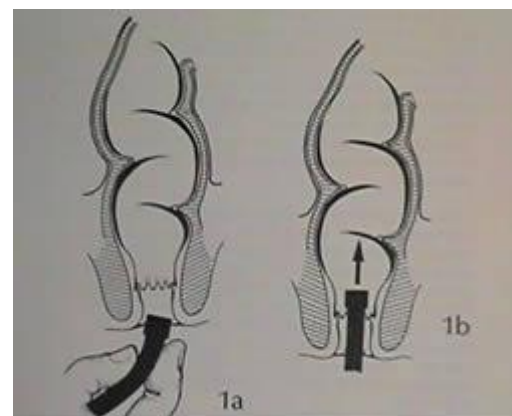
You will be asked to come in on the morning of your operation. It is important to be nil by mouth: (admission of 6h00am – from 24h00 the previous night / admission of 12h00pm – from 7h00am the same morning). Please bring with you all the medicines you are taking to show to the doctor. A nurse will receive you in the ward, which will note your personal details and ask about any other conditions you suffer from. The Anaesthetist will usually also visit you. Many people are concerned about anaesthetics, so please ask the anaesthetist if you have any specific worries so that he may reassure you.

An enema will often be administered rectally. You will be asked to sign a consent form that the procedure has been explained to you and you agree to go ahead.

Please take note that these types of operations are usually done at the end of a theatre list, which means that if any emergency procedure is added to the list, the operation will be done later.

3. The operation

This is performed under general anaesthesia. Surgery involves cutting of part of the inner anal sphincter through a small [0.5cm] incision at the side of the anus. In addition, inspection of your



bottom passage with a small telescope [sigmoidoscopy] is carried out as well.

4. After the operation

- There may be some bleeding and discharge for some days after the operation. Regular hot baths helps reduce the pain and increases healing.
- It is very important that you do not get constipated. As part of the healing process you will be given Movicol which should be taken regularly for at least a month after the operation.
- You may still experience some pain and bleeding for the first month after surgery. Remember, the fissure is not removed by this operation and takes on average 6-8 weeks to heal.
- 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 the vast majority of people who have this operation are pleased with the result to be free from the symptoms of an anal fissure. And for some, to be free of the problem of recurring anal fissure.
- If you have ever had poor control or bowel incontinence informs your surgeon.
- Persistent symptoms, however, need careful evaluation since conditions other than fissure can cause similar symptoms. Your doctor may request additional testing even if your fissure has successfully healed. A colonoscopy may be required to exclude other causes of bleeding.

