

# ANAL FISSURE

## QUESTIONS & ANSWERS



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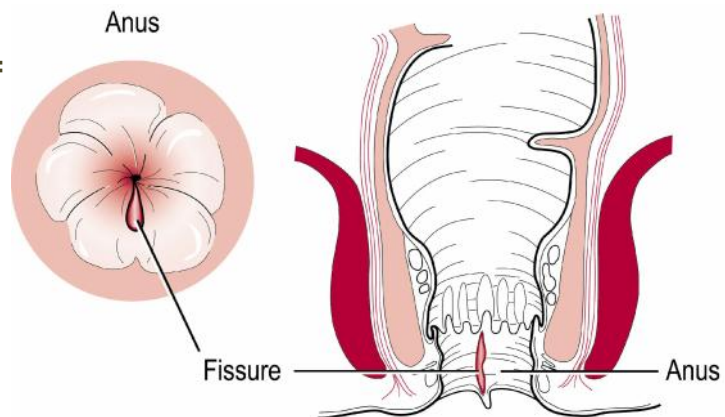
# ANAL FISSURE

## **WHAT IS AN ANAL FISSURE?**

An anal fissure is a small tear, cut or crack in the skin that lines the anus (back passage). Fissures can occur at any age, but usually occurs in young adults. Fissures may be caused by constipation and passage of a hard stool, or diarrhoea and passage of frequent stools. However, the majority seem to develop without any particular cause. The symptoms of a fissure are pain, especially when passing a bowel motion, and some bleeding. Occasionally, people experience discharge of an abscess in association with a fissure. Fissures are quite common, but are often confused with other causes of pain and bleeding, such as haemorrhoids.

## **WHAT ARE THE SYMPTOMS OF AN ANAL FISSURE?**

The typical symptoms of an anal fissure include pain during or after defecation and bleeding. Patients may try to avoid defecation because of the pain.



## **WHAT CAUSES AN ANAL FISSURE?**

Trauma: anything that can cut or irritate the inner lining of the anus can cause a fissure. A hard, dry bowel movement is typically responsible for a fissure. Other causes of a fissure include diarrhoea or inflammatory conditions of the anal area. Anal fissures may be acute (recent onset) or chronic (present for a long time or recurring frequently). Chronic fissures often have a small external lump associated with the tear called a sentinel pile or skin tag.

Often treating one's constipation or diarrhoea can cure a fissure. An acute fissure is typically managed with non-operative treatments and over 90% will heal without surgery. A high fibre diet, bulking agents (fibre supplements), stool softeners, and plenty of fluids help relieve constipation, promote soft bowel movements, and aide in the healing process. Increased dietary fibre may also help to improve diarrhoea. Warm baths for 10-20 minutes several times each day are soothing and promote relaxation of the anal muscles, which can also help healing. Occasionally, special medications may be recommended. A chronic fissure may require additional treatment.

## **HOW CAN A FISSURE BE TREATED?**

At least 50 per cent of fissures heal either by themselves or with non-operative treatment, including application of special medicated cream, use of stool softeners and avoidance of constipation. Some fissures, if they do not respond to these methods, may require an operation.

## **CONSERVATIVE TREATMENT**

Commonly an ointment 0.2 per cent GTN (glyceryl tri-nitrate) is used. Recently another ointment called Diltiazem has also been found to be effective.

## **WILL THE PROBLEM RETURN?**

Fissures can recur easily, and it is quite common for a healed fissure to recur after a hard bowel movement. Even after the pain and bleeding has disappeared one should continue to aim for good bowel habits and adhere to a high fibre diet or fibre supplement regimen. If the problem returns without an obvious cause, further assessment may be needed.

## **WHAT CAN BE DONE IF A FISSURE DOESN'T HEAL?**

A fissure that fails to respond to treatment should be re-examined. Persistent hard or loose bowel movements, scarring, or spasm of the internal anal sphincter muscle all contribute to delayed healing. Other medical problems such as inflammatory bowel disease, infections, or anal growths (skin tumours) can cause fissure like symptoms, and patients suffering from persistent anal pain should be examined to exclude these conditions.

## **WHAT DOES SURGERY INVOLVE?**

An operation may be necessary in order to get a more detailed look at the fissure and possibly take a biopsy. This is called an Examination under Anaesthesia (EUA). Your surgeon may also recommend additional measures including injection of the anal sphincter with Botox. This has a transiently (8-12 weeks) relaxes the sphincter muscle, allowing the fissure to heal.

Persistent fissures may require a lateral internal anal sphincterotomy. This is a highly effective treatment for a fissure and recurrence rates after this type of surgery are low. Surgery usually consists of a small operation to cut a portion of the internal anal sphincter muscle (a lateral internal sphincterotomy). This helps the fissure heal by decreasing pain and spasm. It also improves the blood supply to the skin. Cutting this muscle rarely interferes with the ability to control bowel movements and can often be performed without an overnight hospital stay. Other operations, less frequently performed, include anal stretch or anoplasty.

If a sentinel pile is present, it too may be removed to promote healing of the fissure. This may be combined with either injection with Botox or sphincterotomy.

## **WHAT ARE THE COMPLICATIONS OF SURGERY?**

A small number of patients who undergo injection of the anus with Botox may experience transient weakness in the sphincter muscle and some incontinence of stool.

Sphincterotomy also infrequently may interfere with one's ability to control bowel movements. Patients who have had previous anorectal surgery or women who have sustained a preceding injury to the anal sphincter during childbirth may be at increased risk of these problems.

Surgery is generally very safe. However, all surgical treatments do have other risks, and your surgeon will address these with you.

### **HOW LONG DOES THE HEALING PROCESS TAKE AFTER SURGERY?**

Complete healing occurs in a few weeks, although pain often disappears after a few days

### **CAN FISSURES LEAD TO COLON CANCER?**

No! 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.