

Anal fissure

Introduction

An anal fissure is a tear or ulcer (open sore) that develops in the lining of the anal canal. It is quite common and can affect 1 in 10 people at any time in their life.

Signs and symptoms

- sharp pain when you pass stools (faeces), often followed by a deep burning pain that may last several hours
- bleeding when you pass stools most people notice a small amount of bright red blood either in their stools or on the toilet paper

What causes anal fissures?

Anal fissures are most commonly caused by damage to the lining of the anus or anal canal. Most cases occur in people who have constipation.

Other possible causes of anal fissures include:

- persistent diarrhoea
- inflammatory bowel disease (IBD), such as Crohns disease and ulcerative colitis
- pregnancy and childbirth
- occasionally, some sexually transmitted infections (STI)
- having unusually tight anal sphincter muscles (the muscles that surround the anal canal), which can increase the tension in your anal canal and make it more susceptible to tearing

In many cases, no clear cause can be identified.

Treating and preventing anal fissures

Anal fissures usually heal within a few weeks without the need for medical treatment. Sometimes they can recur. In some people, symptoms from anal fissures last six weeks or more (chronic anal fissures).

It can be helpful to adopt some simple self-help measures to help heal your fissure and prevent recurrence. These measures include:

- making sure you have plenty of fibre in your diet
- staying well hydrated by drinking plenty of fluids
- not ignoring the urge to pass stools
- exercising regularly

Medications

- Laxatives should be started with a low dose and gradually increase it every few days until you are able to pass soft stools every one or two days.
- Painkillers such Paracetamol or ibuprofen are available over the counter and can also be obtained from your GP. Follow the dosage instructions on the patient information leaflet or packet.

Glyceryl trinitrate

Glyceryl trinitrate (GTN) ointment should be applied directly to the anal area, usually twice a day. It works by expanding blood vessels in and around the anus, which helps to increase the blood supply to the fissure. GTN can also help reduce the pressure in your anal canal, which should help ease the pain.

Headaches are a very common side effect of this type of GTN ointment, affecting up to half of people using it. Some people may also feel dizzy or light-headed after using GTN. If headaches are a problem, it can help to reduce the ointment dosage for a few days.

Using only a pea-sized amount of ointment five or six times a day is often better than using a larger amount twice a day. You should also make sure you are applying the ointment to the skin around the anus and not pushing it inside the anal canal. You will usually have to use GTN ointment for up to eight weeks, or until your fissure has completely healed.

Calcium channel blockers

Calcium channel blockers, such as diltiazem, can be used as topical treatment. They work by relaxing the sphincter muscle and increasing blood supply. Side effects of topical calcium channel blockers can include headaches, dizziness and itchiness or burning at the site when you apply the medication.

As with GTN ointment, you will usually have to use calcium channel blockers for up to eight weeks, or until your fissure has completely healed.

Botulinum toxin injections

Botulinum toxin can be injected in to the sphincter and is usually used if other medications fail to heal your fissure. It prevents muscle spasm, helping to reduce pain and allowing the fissure to heal.

The effects of botulinum toxin injections last for around two to three months, which should normally allow enough time for the fissure to heal.

Topical anaesthetics

Topical anaesthetics do not help fissures to heal, but they can help ease the pain. Lidocaine is the most commonly prescribed topical anaesthetic for anal fissures. It comes in the form of either a gel or an ointment, and is usually only used for one to two weeks because the fissure should start to heal within this time.

Surgery

Surgery is generally considered to be the most effective treatment for anal fissures, with more than 90% of people experiencing good long-term results. However, it carries a small risk of complications.

There are a number of different surgical techniques that can be used to treat anal fissures. These include:

- **Lateral sphincterotomy**

A lateral sphincterotomy involves making a small cut in the sphincter muscle to help reduce the tension in your anal canal. This allows the anal fissure to heal and reduces your chances of developing any more fissures.

It is an effective and simple operation that is usually carried out under a general anaesthetic on a day patient basis. Most people will fully heal within two to four weeks.

Less than 1 in every 20 people who have this type of surgery will experience some loss of bowel control (bowel incontinence) afterwards, as a result of damage to the anal muscles. However, this is usually a mild type of incontinence, where the person is unable to prevent themselves from passing wind.

- **Advancement anal flaps**

Advancement anal flaps involve taking healthy tissue from another part of your body and using it to repair the fissure, thereby improving blood supply to the site of the fissure. This procedure can be recommended to treat cases of long-term (chronic) anal fissures, which have occurred due to pregnancy or an injury to the anal canal

THIS HAS BEEN TAKEN AND MODIFIED FROM THE NHS CHOICES WEBSITE
(WWW.NHS.UK)