

Anal Fissure Information Sheet

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What is an anal fissure?

A fissure is a split in the skin at the opening of the anus, leaving exposed some of the muscle fibres of the anal canal. Pain results from recurrent opening of the wound when the bowels are open and this is often accompanied by bleeding. In addition, the inner circle of muscle in the anal canal (called the *internal sphincter*) goes into spasm: this makes the pain worse and can prevent healing.

What are the symptoms?

- Pain on defaecation - this may persist for minutes or hours afterwards; the pain is typically sharp and knife-like rather than an ache.
- Bright red bleeding with defaecation.
- A skin tag at the site of the fissure can develop if the fissure is long-standing.

What are the treatments?

General measures:

- High fibre diet
By eating a high fibre diet and drinking plenty of water (6-10 glasses a day) you should aim to keep your motions soft. Sometimes a fibre supplement such as Fybogel may help.
- Sitz baths
A 15 minute bath in water as warm as you can tolerate several times daily (or as often as you require) can be very soothing and provide several hours of pain relief.

There are a variety of treatments for anal fissure. The non-operative treatments each have a success rate of about 50-70% and it is often necessary to try more than one treatment before healing occurs. Surgery is more effective but carries potential side-effects and so is generally used as a last option.

Glyceryl Trinitrate (GTN) ointment

GTN acts by relaxing the internal sphincter muscle. This provides pain relief by relieving spasm; it also improves the blood supply to the fissure and this promotes healing in a majority of patients. Although GTN is not yet licensed for use for fissures it is widely accepted by Colorectal Surgeons to be a valuable alternative to surgery which has previously been the standard practice. GTN comes as a 0.4% ointment (Rectogesic) which should be applied twice a day to the anal skin and, if at all possible, a little inside. The only significant side-effect of GTN is that it may cause a headache. If there is no relief of symptoms over a four week period then there is little advantage in prolonging this form of treatment.

Diltiazem

Diltiazem gel is an alternative to GTN. It does not cause headaches but can result in anal irritation. Like GTN, it is not licensed but has been shown to be effective in fissures even when GTN has not helped. It comes as a 2% preparation (Anoheal) which is applied twice daily.

Botulinum Toxin

Botulinum Toxin (Botox) provides reversible muscle paralysis lasting about 3 months. It is a relatively new treatment for anal fissures and is given as an injection in the clinic or under anaesthetic. It is very safe but there is a small risk of minor incontinence that is reversible. For resistant fissures, Botox is sometimes combined with an operative procedure.

Sphincterotomy

The standard operation for anal fissure is called an *internal sphincterotomy*. This means that a part of the internal sphincter muscle is cut. The cut relieves the spasm of the muscle, stops the pain and allows the fissure to heal. Occasionally a polyp can develop at the inside edge of a long-standing fissure and this may be removed at the same time. It is not usually necessary to remove or suture the fissure itself. The operation is very effective but carries a small risk of some change in the ability to control wind from the back passage; in most cases this will resolve but in 10-15% it can be permanent.