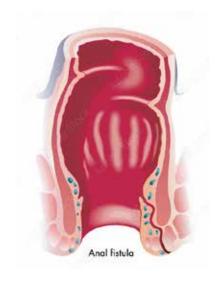


ANAL FISSURE

WHAT IS AN ANAL FISSURE?

The anal canal is a short tube surrounded by muscle at the end of the rectum.

The rectum is the bottom section of the colon (large intestine). Fissures are cuts or tears in the sphincter muscle surrounding the anal canal. Though similar to a cut on other parts of the body, abrasions in this



area can stretch with each bowel movement. Fissures are common, but are often confused with other anal conditions, such as hemorrhoids.

WHAT ARE THE CAUSES OF ANAL FISSURES?

Tight anal sphincter muscles increase risk for anal fissures. Anal fissures are caused by:

- Obstetrical trauma (giving birth)
- Constipation/hard stools, often from lack of hydration
- Diarrhea leading to irritation of the anus
- Aggressive wiping
- Inflammatory bowel disease

WHAT ARE THE SYMPTOMS OF AN ANAL FISSURE?

Anal fissures typically cause a sharp pain that starts with the passage of stool. The pain may last several minutes to a few hours. As a result, many patients may try not to have bowel movements to prevent the pain. Other symptoms include:

- Bright red blood in the stool or on toilet paper after a bowel movement
- A small lump or skin tag on the skin near the anal fissure, which is more common when fissures are chronic or present for more than six weeks

WHAT ARE NONSURGICAL TREATMENTS FOR ANAL FISSURES?

The colorectal surgeon will discuss the benefits and side effects of treatments. The main treatment for healing fissures is time and giving the skin a chance to heal, primarily by keeping the stool soft and avoiding diarrhea

- Constipation Reduction: Hard stool tears the fissure open repeatedly
 and does not allow it to heal. Along with good hydration, taking 20-25
 grams of over-the-counter fiber supplements (i.e., Metamucil®) can
 ease constipation and make stools soft, formed, and bulky.
- Diarrhea Prevention: Continuous liquid stool irritates the area and leads to excessive wiping. Medications such as Imodium® can help prevent diarrhea.
- Warm Tub Baths (sitz baths): For 10 to 20 minutes, a few times per day, especially after bowel movements, sit in a warm bath to soothe the area, help relax anal sphincter muscles, and aid the healing process.
- Pain Relief: Medications, such as lidocaine, can be applied to the skin around the anus.
- Sphincter Muscle Relaxation: Medications such as diltiazem, nifedipine, or nitroglycerin ointment calm the anal sphincter muscles, which helps the healing process.
- Stool Softener: Over-the-counter stool softeners make stools easier to pass.

Do:

- Take medications and use creams as instructed
- Consume 20-25 grams of fiber a day via a high-fiber diet, mostly in vegetables and fruits

Do not:

- Sit on the toilet for long periods of time, and be very gentle with wiping, even wetting some toilet paper with water, then patting dry
- Take narcotic pain medications, if avoidable, because they can cause constipation and make the situation worse

WHAT ARE SURGICAL TREATMENTS FOR ANAL FISSURES?

Nonsurgical treatments of the fissure are successful 80%-90% of the time, but not always. If they fail, surgery is needed. Although most anal fissures do not require surgery, chronic fissures are harder to treat, and surgery may be the best option. The goal of surgery is to help the anal sphincter muscles relax, which reduces pain and spasms, allowing the fissure to heal. Outpatient surgical options are available. Most patients can return to work and daily activities in a few days.

- Botox® Injections: Often as successful as nonsurgical therapy, it heals chronic anal fissures in 50% to 80% of patients but is often temporary.
 It avoids the risk of fecal incontinence (inability to control the bowels).
- Lateral Internal Sphincterotomy: The colorectal surgeon performs
 an operation to cut the involuntary (you don't have control over it)
 muscle that keeps stool in. By doing so, it relaxes the area and allows
 the overlying skin to heal. Although uncommon, this procedure may
 affect the patient's ability to fully control gas or bowel movements. It is
 successful more than 90% of the time.

WHAT ARE THE OUTCOMES OF ANAL FISSURE TREATMENT?

Treatment outcomes to heal fissures are high. Complete healing after both nonsurgical and surgical treatments can take six to 10 weeks. It is important to maintain a high-fiber diet and good bowel hygiene consistently over the long-term to avoid the fissure returning. Continued hard or loose bowel movements, scarring, or spasm of the internal anal muscle can delay healing.

A healed fissure can return about 30% of the time, including after a hard bowel movement or trauma. Medical conditions such as infections, inflammatory bowel disease (Crohn's disease), or anal tumors can cause symptoms similar to anal fissures. If a fissure does not improve with treatment, it is important to be evaluated for other possible conditions.

CAN ANAL FISSURES LEAD TO COLON CANCER?

Anal fissures do not cause or increase the risk of colon cancer. However, more serious conditions can cause similar symptoms. Even if a fissure has healed, a colorectal surgeon may recommend other tests, including a colonoscopy, to rule out other causes of rectal bleeding.

WHAT IS A COLORECTAL SURGEON?

Colorectal surgeons are experts in the surgical and non-surgical treatment of diseases of the colon, rectum, and anus. They have completed advanced surgical training in the treatment of these diseases as well as full general surgical training. Board certified colorectal surgeons complete residencies in general surgery and colorectal surgery and pass intensive examinations conducted by the American Board of Surgery and the American Board of Colon and Rectal Surgery. These colorectal surgical experts are well-versed in the treatment of both benign and malignant diseases of the colon, rectum, and anus and are able to perform routine screening examinations and surgically treat conditions when necessary.



Source: American Society of Colon and Rectal Surgeons

