

Patient information

Anal fissure information

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. Anal fissures are different from haemorrhoids and have no relationship with cancer.

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 side of the fissure can develop if the fissure is longstanding.

What are the treatments?

General measures

- High fibre diet (see additional Fibre leaflet)
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 bath, which is 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.

Glyceryl Trinitrate (GTN) ointment

GTN is a relatively new treatment for anal fissures. It 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 0.2% ointment which can be applied three times a day to the skin around the anus and, if 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.

Surgery

The 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 longstanding 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 (7%-10%) of some change in your ability to control wind from the back passage; in most cases this will resolve completely but in a small proportion it can be permanent.

If you require any further advice please contact the Colorectal Nurse Specialist on 01284 712697.

Discharge advice

If a wound is present, appropriate discharge advice will be given at that time.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (formerly DisabledGo)

<https://www.accessable.co.uk>



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