



## Pentiction General Surgery Associates

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### What is an Anal Fissure?

An anal fissure is a tear or split in the lining of the anal canal. This condition can cause pain, discomfort, and bleeding during bowel movements. Once there is a tear in the lining, the underlying sphincter muscle begins to spasm and can prevent adequate healing. Anal fissures are common and can affect people of all ages.

Typically anal fissures will resolve on their own. This is called an acute fissure. If symptoms are lasting longer than 8 weeks the likelihood of spontaneous healing goes down significantly and at this point it is considered a chronic anal fissure. Generally no specific medical intervention is required for acute fissures. However, once they become chronic you may require medical or surgical therapies.

#### Symptoms:

Pain during or after bowel movements, often described as sharp or burning  
Bright red blood on toilet paper or in the toilet bowl after bowel movements  
Spasms in the anal sphincter muscles

#### Causes include:

Hard or large stools due to constipation  
Explosive Diarrhea  
Straining during bowel movements  
Anal trauma, such as childbirth or anal intercourse

### Management at home

Sitz Baths: Soaking in warm water for about 10-15 minutes several times a day can help soothe pain and promote healing. Avoid further traumatizing the area with vigorous wiping.

Fibre: Formed but soft bowel movements are important to minimize symptoms as well as to prevent aggravating the tear further. This is best done through supplemental fiber, such as psyllium seed (Metamucil).

### Medical management

Chronic anal fissures will often require medical help to heal. Generally this occurs in a series of escalating maneuvers.



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1. Topical muscle relaxants- your surgeon or family doctor may prescribe a medication to help the anal sphincter relax, which improves the blood flow to the area and can help the fissure heal. These medications include nifedipine, diltiazem or nitroglycerin ointments. **It is important that they are applied to the anal canal religiously as prescribed for the full duration of prescription.** The fissure needs to heal well enough that it does not tear open again as soon as the medications are stopped. A common reason for failure is that people stop using the ointment early once it feels better, only for it to then recur.
2. Anal sphincter Botox - if the ointments fail to get the fissure to resolve, sometimes the anal sphincter will be injected with a small amount of Botox to paralyze it. This works in much the same way as the ointments. If it is felt you require this procedure it will be done in the minor treatment area of the hospital.
3. Lateral internal sphincterotomy- if all other measures have failed it is sometimes necessary to permanently cut a portion of the internal sphincter. This is a procedure done in the OR. Cutting the internal sphincter typically has minimal effect on continence, as this is largely controlled by the external sphincter which is left intact. It does, however, prevent further spasm from pulling the fissure open.