

ANAL FISSURE

Anal fissure is a split or tear in the skin of the anal canal that can occur at any age. Symptoms from a fissure occur with or after a bowel movement and include bleeding, pain and irritation. Other common conditions of the anal area can coexist with a fissure such as hemorrhoids. Your doctor will determine which problem(s) are present.

An anal fissure develops when the bowel movement tears the skin of the anal canal (often due to straining at hard stool, a diarrhea attack, constipating medicines, or a change in bowel habit from travel). Each subsequent bowel movement tends to reinjure or tear the fissure area. The open fissure aggravates the underlying circle of muscle known as the anal sphincter. When the fissure causes sphincter spasm, this narrows the anal passage causing more difficulty and pain with bowel movements. This is why fissures are often very difficult to heal without help.

All patients with anal fissure need to pass a soft bowel movement. Increase your fluid intake. Use a high fiber diet. The best non-surgical remedy is a fiber supplement (such as Metamucil, Konsyl, Citrucel, etc.) taken one to three times daily. Avoid straining at bowel movements. An ointment may be prescribed to soothe the discomfort and reduce inflammation (such as Calmoseptine, Analpram, ProctoCream, etc.).

ANAL SPHINCTEROTOMY

Some fissures simply won't heal without surgery. Those people require anal sphincterotomy. A small incision is made in the anal muscle (which has become too tight) to allow easier passage of the bowel movement. The operation is performed as an outpatient under local anesthesia.

The operation for anal fissure has a very high rate of success. Over 90% of people will heal their fissure permanently.

Complications of surgery are uncommon but do occur less than 10% of the time. These include problems such as bleeding, infection, anal muscle weakness (partial incontinence), recurrent fissure, or adverse medication reaction.

Preparing for Surgery

No enemas or special rectal preparation is required. After your arrival, you will change into a gown, you will need to sign a form authorizing your permission for the surgery, and the nurse will start an IV (intravenous medication is given) before your doctor administers local anesthesia. Due to the sedation used, you must arrange a ride home after your procedure. You will not be permitted to drive that day.

You can expect approximately one week off from work. A mild pain medication is prescribed. Warm tub soaks (sitz baths) are needed several times daily and after bowel movements. A high fiber diet with supplements (Metamucil, Konsyl, Citrucel) is required. This is best started before surgery. Completely avoid nuts and popcorn.