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Do's & Don'ts for **Anal Fissure**



Introduction

An anal fissure is a small tear in the lining of the skin and mucosa around the back passage (anus). An anal fissure that lasts more than six weeks is called a chronic anal fissure.

Anal fissure symptoms

Typical symptoms of an anal fissure include pain around the back passage (anus). The pain can be really bad and tends to be worse when you pass stools (faeces) and for an hour or so after passing stools.

You may also notice bleeding when you pass stools - usually bright red in colour, in the pan or on the toilet paper. Bleeding from the back passage should always be checked by a doctor.

How are anal fissures diagnosed?

Doctors usually diagnose an anal fissure by your typical symptoms and by examining the skin around your back passage (anus). No other tests are usually needed but your doctor may arrange some other tests just to check your gut (bowel) and condition of your back passage.

How common are anal fissures?

Anal fissures are common and probably affect about 1 in 350 people each year. They are more common in people aged between 15 and 40 years but can occur at any age,



including in very young children. Women who are pregnant or have recently had a baby are at higher risk of anal fissures, while they are much less common in the elderly.

What causes anal fissures?

Anal fissures are most often caused by damage to the back passage (anus). Stretching and tearing can occur when a person passes particularly hard stools.

How long do anal fissures take to heal?

In some people, this skin damage may heal quickly without any problems with medical advice. However, some people seem to have a higher-than-normal tone (pressure) of the muscle around the anus (the anal sphincter). The muscle is 'tighter' than usual.

It is believed that this increased tone may reduce the blood supply to the anus and hence, slow down the skin healing process. This can cause an anal fissure to develop. Once a fissure has developed, pain when passing stools can increase the anal tone further. This makes the pain worse, which can then increase the anal muscle tone even more and further slowdown the healing process.

Constipation can make an anal fissure more likely to develop

There's major variation in 'normal' frequency of bowel-opening between different people. For some, 2-3 times a day is standard and going three days without a bowel movement



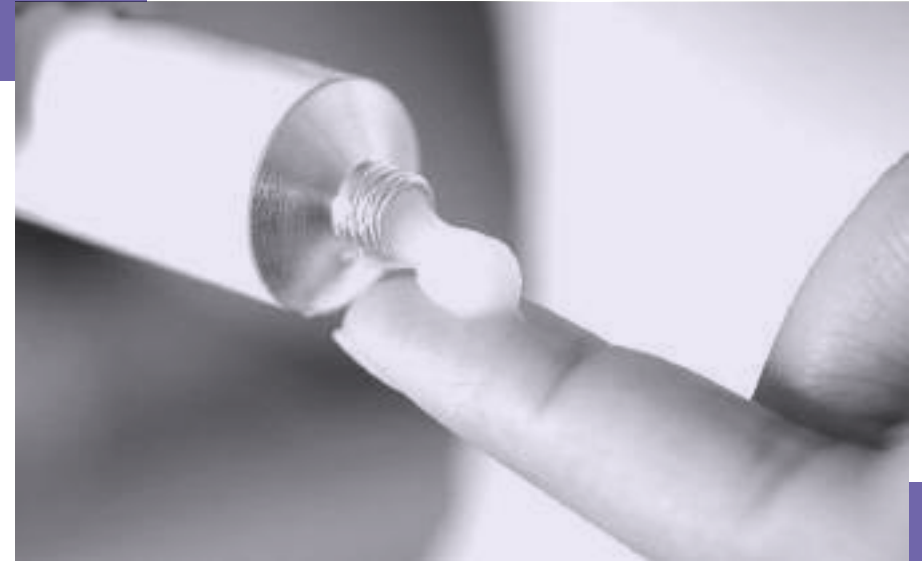
would be very unusual. For others, going more often than every 2-3 days would be equally odd. Constipation either happens if your stools become hard and it's harder and / or more painful to pass, or your bowel movement is significantly less often than usual.

Lot of factors can cause constipation, but among the most common are not eating enough fibre (roughage) and not drinking enough fluids.

Other causes

Sometimes an anal fissure occurs if you have bad diarrhoea. Anal fissures are also more common during pregnancy and childbirth. An anal fissure occurs in about 1 in 10 women during childbirth.

In a small number of cases, a fissure occurs as part of another condition. For example, as a complication of inflammatory bowel disease such as crohn's disease, ulcerative colitis, or after a sexually transmitted infection such as anal herpes infection. In these situations, you will also have other symptoms and problems that are caused by the underlying condition.



How to treat anal fissures?

Treatment of anal fissures aims to ease the pain and keep the stools (faeces) soft whilst the fissure heals. Many of these can be managed without surgery after examination by a surgeon.

Easing pain and discomfort

- **Warm baths** are soothing and they may help the back passage (anus) to relax which may ease the pain.
- **Your doctor may advise a cream or ointment that contains an anaesthetic** such as lidocaine which may help to ease the pain.
- **Wash the anus carefully with water** after you go to the toilet. Dry gently. Don't use soap whilst it is sore as it may cause irritation.
- **Painkillers** such as paracetamol or ibuprofen may help to ease the pain.



Avoid constipation and keep the stools soft

- **Eat plenty of fibre:** Which is found in fruit, vegetables, cereals, whole meal bread, etc.
- **Drink plenty of water:** Adults should aim to drink at least two litres (10-12 cups) of fluid per day. You will pass much of the fluid as urine. However, some is passed out in the gut and softens the stools. Fluids in any form can be consumed but alcoholic drinks should be avoided as it can lead to lack of fluid in the body (dehydration) and may not be good.
- **Fibre supplements and laxatives:** If a high-fibre diet is not helping, you can take fibre supplements (bulking agents) such as ispaghula, methylcellulose, bran or sterculia. Methylcellulose also helps to soften stools directly, which makes them easier to pass.
- **Toileting:** Don't ignore the feeling of needing to pass stools. Some people suppress this feeling and put off going to the toilet until later. This may result in bigger and harder stools formation that are more difficult to pass later.
- **Avoid painkillers that contain codeine;** such as co-codamol, as they are a common cause of constipation. Paracetamol is preferable to ease the discomfort of a fissure.



Anal fissures in children

The above measures apply to children who have a fissure as much as to adults. In children, the pain often makes them hold on to their stools. This may lead to a vicious circle, as then even larger and harder stools are formed. These then cause more pain when they are finally passed. Therefore, in addition to the above measures, a short course of laxatives may be prescribed for children with an anal fissure. The aim is to make sure their stools are soft and loose whilst the fissure heals.

What if the anal fissure does not heal with the above measures?

An anal tear (fissure) will usually heal within 1-2 weeks in most people. However, it can take longer to heal in others. It is always safe to consult your surgeon who can advise medications or surgery for the cure.

Surgery

An operation is an option if the fissure fails to heal or comes back. The usual operation is to make a small cut in the muscle around the anus (internal sphincterotomy). This permanently reduces the tone (pressure) around the anus and allows the fissure to heal. This is a minor operation which is usually done as day care surgery (you will not usually have to stay overnight in the hospital). The success rate with surgery is very high with 9 out of 10 cases being cured successfully.