

Colorectal Surgery

Anal Fissures

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 (piles) and have no relationship with cancer.

What are the symptoms?

- Pain on defaecation (emptying the bowel) – 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 (a piece of skin which hangs from surrounding skin) at the site of the fissure can develop if the fissure is long-standing.

What are the treatments?

General measures

The aim of treatment is to relax the spasm in the internal sphincter (muscle at the upper end of the anal canal). This improves the blood supply to the fissure and prompts healing in the majority of the patients

- **High fibre diet**
By eating a high fibre diet and drinking plenty of water (six to ten glasses a day) you should aim to keep your motions soft. Sometimes a fibre supplement such as Fybogel may help.
- **Sitz baths**
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) and Diltiazem ointments:**

GTN and Diltiazem are locally applied ointments which relax the internal sphincter. Although neither is licensed for use in treatment of fissures they are widely accepted by colorectal surgeons to be a valuable alternative to surgery. Both are applied to the outside of the anus by a gloved hand twice a day. GTN has a side effect of headache whereas Diltiazem sometimes makes the skin around the anus sensitive and sore. If either of these side effects recur it is possible to swap over to the other ointment. If after four weeks there has been no significant improvement then it is advisable again to swap to the other ointment to give this a trial for another four weeks.

- **Botox**

The injection of botulinum toxin (botox) has been shown to relax the internal sphincter. It can be injected either in the clinic or under a general anaesthetic. If under general anaesthetic it may be combined with excision of the fissure itself. Botox is effective but may result in a transient and reversible difficulty with the control of gas and possibly liquid stool from the back passage. The principle advantage of botox is that it is a one off treatment which lasts for three months, during which the fissure should heal.

- **Surgery**

The operation for anal fissure is called an internal sphincterotomy. This means that 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. It is not usually necessary to remove or suture (stitch) the fissure itself. The operation is very effective but carries a small risk (10 – 20%) of some change in your ability to control wind from the back passage.

Your consultant will explain these options and, with you, decide on which is best for your individual situation.



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