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facts about...

ANAL FISSURE

What is it?

An anal fissure is a split in the lining of the bowel that occurs just inside the back passage. It is usually caused by the passage of hard stool (related to constipation and straining).

Occasionally a fissure will heal without difficulty but often a cycle of pain and muscular spasm of the anus develops. The combination of anal pain and spasm makes it difficult to open your bowels well creating a vicious cycle of worsening constipation and harder stools leading to more pain and damage when you do open your bowels. This muscular spasm is also thought to reduce blood flow to the area contributing to poor healing of the fissure.

Symptoms:

Typical symptoms of a fissure include stinging, tearing or burning pain when passing a bowel motion (stool), often with a small amount of bright bleeding on the stool. The pain may be very severe and throbbing preventing sleep. Constipation often precedes the development of a fissure and the presence of pain with a fissure often compounds the problem of constipation. Anal tags may develop next to long-standing anal fissures and these may predispose to moistness and irritation of the skin outside the anus.

Clinical appearance:

Often the anal region is too painful to allow the doctor to examine the area properly or conduct an internal examination. If an examination is possible, the split in the bowel lining at the anus may be visible by parting the buttocks. Internal examination by sigmoidoscopy or colonoscopy (depending on your age and the external appearance of the anal area) is recommended to exclude other causes of pain and bleeding from the bowel, such as Crohn's disease.

Management:

Initial management is directed at minimising further local trauma, providing adequate pain relief, relaxing the anal sphincter spasm and avoiding further constipation.

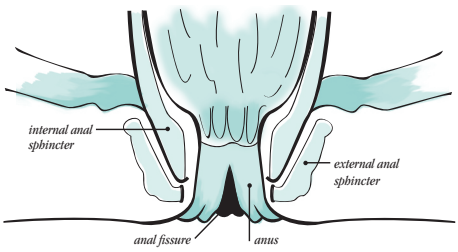
Stools must be kept soft (the passage of hard stool may undo weeks or months of healing). Laxatives and fibre supplements are recommended to assist with easier evacuations, and need to be continued for some weeks or months after symptoms resolve to prevent recurrent fissure formation, especially if you have a tendency to constipation.

Pain relief measures such as regular warm salted baths, local anaesthetic creams, and oral pain medications (analgesics) may be necessary, especially when the pain and spasm are severe. Be aware that codeine or other strong pain killers can cause worsening of constipation which may make the problem worse. Simple analgesics such as paracetamol will not cause constipation.

Relaxing the anal sphincter helps with decreasing spasm of the muscle of the anal sphincter and may allow increased blood flow to the base of the fissure. Glyceryl trinitrate 0.2% (Rectogesic®) ointment relaxes the smooth muscle of the anal sphincter muscle. It should be applied 2-3 times a day but may cause headaches, especially at first. Headaches can be diminished by applying the ointment with a finger wrapped in clingwrap and starting with a lower dose and persisting. It is best to use a small amount frequently and gradually increase the amount rather than using a large amount infrequently. Oral tablets such as diltiazem and nifedipine can also be tried. All these agents (ointments and tablets) should be ceased at least 24 hours before using medication for erectile dysfunction (eg. Viagra, Cialis, Levitra). The passage of a proctoscope (an instrument designed to examine the back passage) under sedation can help to relax the sphincter and aid healing. Vigorous anal dilatation, which had been practised in the past, should be avoided, as it may damage the anal sphincter further, predisposing you to loss of bowel control.

Fissures resistant to these initial conservative approaches may require consideration of other therapies, including botulinum toxin (Botox®) injections or even surgery. However it is important that an adequate trial of these conservative measures is attempted first as the majority of fissures will heal with analgesia, relief of constipation and the regular use of Rectogesic®. Whilst Botox® and surgery each have a role in the treatment of resistant fissures, they should not be viewed as a "quick fix" approach for all fissures as each has the possibility of leading to further damage to the anal sphincter muscle and the potential for the later development of poor bowel control.

THE MOST COMMON SYMPTOMS include stinging, tearing or burning pain when passing a bowel motion



This information booklet has been designed by the Digestive Health Foundation as an aid to people who need a PEG tube or for those who wish to know more about it. This is not meant to replace personal advice from your medical practitioner.

The Digestive Health Foundation (DHF) is an educational body committed to promoting better health for all Australians by promoting education and community health programs related to the digestive system.

The DHF is the educational arm of the Gastroenterological Society of Australia the professional body representing the specialty of gastrointestinal and liver disease in Australia. Members of the Society are drawn from physicians, surgeons, scientists and other medical specialities with an interest in GI disorders.

Since its establishment in 1990 the DHF has been involved in the development of programs to improve community awareness and the understanding of digestive diseases.

Research and education into gastrointestinal disease are essential to contain the effects of these disorders on all Australians.

Further information on a wide variety of gastrointestinal conditions is available on our website.

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This brochure is promoted as a public service by the Digestive Health Foundation. This leaflet cannot be completely comprehensive and is intended as a guide only. The information given here is current at the time of printing but may change in the future.

If you have further questions you should raise them with your own doctor.