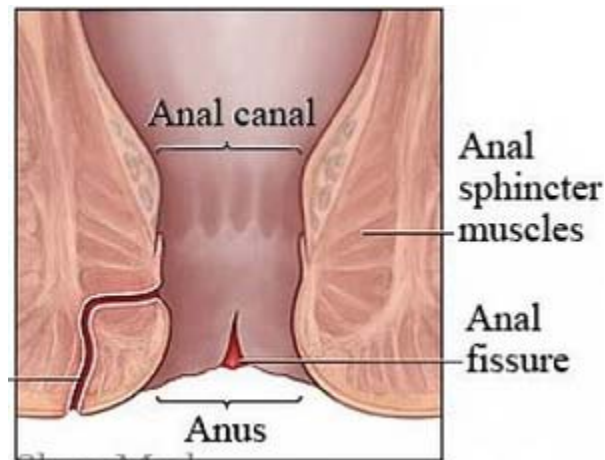


Anal Fissures

An anal fissure is a small tear or cut in the anal skin. This is a very sensitive area and can be very painful. Fissures are quite common, but are often confused with other causes of pain and bleeding, such as hemorrhoids.



Symptoms

The most common symptoms are pain during or after a bowel movement or bleeding. The blood is usually bright red and often seen on the paper or the outside of the stool. The pain associated with a fissure can often lead to “stool fear” where a patient avoids bowel movements for fear of the pain; this only worsens the constipation and the problem itself.

Cause

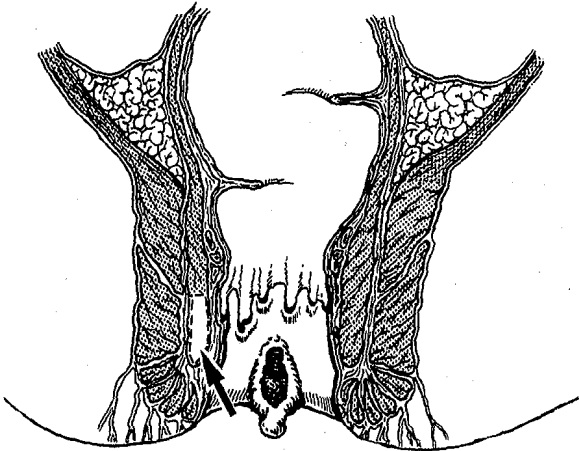
Trauma: anything that can cut or irritate the inner lining of the anus can cause a fissure. A hard, dry bowel movement is typically responsible for a fissure. Other causes of a fissure include diarrhea or inflammatory conditions of the anal area. Anal fissures may be acute (recent onset) or chronic (present for a long time or recurring frequently). Chronic fissures often have a small external lump associated with the tear called a sentinel pile or skin tag.

Treatment

Often, treating one's constipation or diarrhea can cure a fissure. An acute fissure is typically managed with non-operative treatments and over 90% will heal without surgery. A high fiber diet, bulking agents (fiber supplements), stool softeners, and plenty of fluids help relieve constipation, promote soft bowel movements, and aide in the healing process. Increased dietary fiber may also help to improve diarrhea. Warm baths for 10-20 minutes several times each day are soothing and promote relaxation of the anal muscles, which can also help healing. If this over the counter regimen does not heal the fissure, special medications may be needed to help relax the sphincter muscle and aid healing. A chronic fissure is more likely to require prescription medication or surgical procedures.

Surgery

A very small percentage of patients with fissures require an operation. The surgery for a fissure is called a lateral internal sphincterotomy, and involves cutting a small portion of one of the muscles of continence. This operation is highly effective (>95%), and recurrence rates after surgery are low. It helps relax the anal canal, allows the skin to heal, and decreases pain and spasm.



A chronic fissure with a sentinel pile; arrow pointing at portion of sphincter that is cut during sphincterotomy for chronic fissure

If a sentinel pile is present, it too may be removed to promote healing of the fissure. A sphincterotomy rarely interferes with one's ability to control bowel movements and is most commonly performed as a short outpatient procedure. Surgical treatments do have other risks, and your surgeon will address these with you. Complete healing occurs in a few weeks, although pain often disappears after a few days.

Aftercare

Fissures can recur easily, and it is quite common for a healed fissure to recur after a hard bowel movement. Even after the pain and bleeding has disappeared one should continue to aim for good bowel habits and adhere to a high fiber diet or fiber supplement regimen. If the problem returns without an obvious cause, further assessment may be needed.

A fissure that fails to respond to treatment should be re-examined. Persistent hard or loose bowel movements, scarring, or spasm of the internal anal sphincter muscle all contribute to delayed healing. Other medical problems such as inflammatory bowel disease, infections, or anal growths (skin tumors) can cause fissure-like symptoms, and patients suffering from persistent anal pain should be examined to exclude these conditions.

Can fissures lead to colon cancer?

No! Persistent symptoms, however, need careful evaluation since conditions other than fissure can cause similar symptoms. Your doctor may request additional testing even if your fissure has successfully healed. A colonoscopy may be required to exclude other causes of bleeding.