

MR S T R BAILEY BSc Msc FRCS (Gen Surg)
Consultant General, Colorectal & Laparoscopic Surgeon

**Consulting at: Spire Tunbridge Wells Hospital, Maidstone &
Tunbridge Wells NHS Trust, Kent Institute of Medicine & Surgery
(KIMS) and BMI Somerfield Hospital Maidstone**

PATIENT INFORMATION:
Anal Fissure

Spire Tunbridge Wells Hospital
Fordcombe Road
Fordcombe, Tunbridge Wells
Tunbridge Wells
Kent TN3 0RD
Tel: 01622 208014
Fax: 01622 331132

KIMS
Newnham Court Way
Weaving, Maidstone
Kent ME14 5FT
Tel: 01622 208014
Fax: 01622 331132

BMI Somerfield Hospital
63-77 London Road
Maidstone
Kent ME16 0DU
Tel: 01622 208014
Fax: 01622 331132

What is an anal fissure?

An anal fissure is a small crack, tear or cut in the skin that lines the anus (back passage). Fissure can occur at any age, but are most common in young adults. Fissures can be caused by constipation and passage of hard stool or diarrhoea and frequent passage of stools. The majority seem to develop for no particular reason.

What causes fissures?

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

What are the symptoms of an anal fissure?

The symptoms of an anal fissure typically include pain on defecation; patients often describe the sensation of passing 'broken glass'. This discomfort can then last for minutes to hours following a bowel movement. Some patients experience the passage of mucus or blood, which is usually bright red in colouration and in small volume. A small group of patients experience sharp shooting pains through the pelvis, which can radiate towards the lower back, this is uncommon but not unheard of.

What is the treatment for an anal fissure?

Often treating the constipation or diarrhoea can cure the fissure. An acute fissure is typically managed with conservative treatment and over 70% will heal without the need for surgery. A high fibre diet, plenty of fluids, bulking agents (fibre supplements) and stool softeners will help relieve constipation, promoting soft bowel movements and assist in the healing process. Warm baths for 10-20 minutes throughout the day are soothing and promote relaxation of the anal muscles, which may also aid healing. Occasional medication may be required and chronic fissures may need additional treatment.

If your fissure does not respond to conservative treatment, you may require surgery. Mr Bailey will discuss the various medical options with you during your consultation.

What are the surgical treatments for anal fissures?

Surgery may be required in order to examine the area in more detail and possibly to take biopsies. This is called an Examination Under Anaesthetic (EUA). We may also recommend additional measures such as injection of the anal sphincter with Botox, this relaxes the sphincter muscle allowing the fissure to heal.

Persistent fissures may require a Lateral Anal Sphincterotomy (LAS). This is a very effective treatment for fissures and recurrence rates after this sort of surgery are low. The operation usual involves cutting a portion of the internal anal sphincter muscle. This helps the fissure heal by decreasing the pain and spasm in the area and improving the blood supply to the skin. Cutting this muscle rarely interferes with bowel control and can be performed as a day case procedure. Other surgical options, which are less frequently used, include anoplasty or anal stretch.

If a sentinel pile or skin tag is present, it may be removed to aid healing of the fissure. This is sometimes combined with either injection with Botox or sphincterotomy.

Preparing for your surgery

You will receive a pre-admission questionnaire from the hospital. By completing this you will help hospital staff to plan your care by taking into account your previous medical history and any past hospital treatment.

If you usually take medication, eg Blood pressure tablets, continue to take this as usual, unless you are specifically advised not to. If you are unsure about taking your medication please contact us. If you take aspirin, or other blood thinning agents, these will need to be stopped prior to the operation. The pre-ad team will advise you when to do this. You may need to come to the pre-admission for a formal assessment.

On the day of your surgery you will need to remain nil by mouth from 4am. On admission to the hospital, you will be given a small enema to ensure that the lower part of the bowel is emptied. You will be seen by the anaesthetist and Mr Bailey will gain your formal written consent to perform the surgery. You will have the opportunity at this point to ask any final questions you may have.

What are the complications?

Fissure surgery is a commonly performed and generally safe surgical procedure. For the majority of patients, the benefits in terms of improved symptoms are greater than the disadvantages. However all surgery carries an element of risk. The chance of complications will depend upon the exact type of operation you are having and other factors such as your general health.

Possible complications are:

1. **Complications of anaesthesia:** Your anaesthetist will discuss with you the possible complications of having an anaesthetic.
2. **Complications of surgery:**
 - ❖ **Pain:** All operations have an element of pain but every effort is made to minimise this. You will be monitored closely after surgery and given pain relief to keep you as comfortable as possible. Upon discharge, pain killers will be prescribed to take home. Take them as directed to keep 'ahead' of any discomfort.
 - ❖ **Bleeding:** A small amount of fresh bleeding is common for five to seven days after fissure surgery. If the volume is large or happens spontaneously medical attention should be sought. Blood transfusion is rarely needed.
 - ❖ **Infection:** This is a rare complication and you will be discharged with antibiotics to minimise the risk. If you develop fevers or pass foul smelling pus from the anus, medication should be immediately sought.
 - ❖ **Constipation:** This is common after fissure surgery. It is to be avoided if at all possible. Maintain lots of fluid and fibre and use laxatives if dietary manipulation fails.
 - ❖ **Tenesmus:** A feeling of incomplete evacuation is common and can last for up to a month.
 - ❖ **Recurrence:** The risk is small but always possible. Mr Bailey will discuss the risks specific to your surgery.
 - ❖ **Retention of Urine:** A rare complication that may require catheterisation.
 - ❖ **Muscle weakness:** Damage to both the internal and external sphincter muscle carries the possibility of incontinence to either flatus or faeces, the risks are very small and Mr Bailey will discuss these with you in the Out Patient Clinic and when gaining your consent.

If there is anything you do not understand or requires further clarification please let us know.

How soon will I recover?

In hospital

After the procedure you will be moved to the recovery area and then to the ward. You should be able to return home later the same day. However, we may recommend that you stay a little longer. If you do go home on the same day, a responsible adult should take you home by car or taxi and should stay with you for at least 24 hours. You should be near a telephone in case of an emergency. When you first open your bowels a small sponge may be seen. This is normal and has been placed inside to 'mop up' any small volume bleeding.

If you are concerned about anything, in hospital or when you are home, contact the hospital, contact details will be given to you before you leave. They should be able to reassure you or identify and treat any complications.

Healing following fissure surgery usually takes four to six weeks. It is not uncommon to experience some mucus discharge and intermittent bleeding for a week or two following the surgery and this is normal. Obviously, if the volumes are large or you have any concerns, please do not hesitate to contact the hospital or Mr Bailey.

Returning to normal activities

You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered movement, feeling and co-ordination. If you have had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

You should avoid straining when you go to the toilet as this can reduce healing. To avoid constipation you should eat plenty of vegetables, fruit and maintain a high fibre diet with foods such as brown rice and wholemeal bread and pasta. Drink at least 2 litres of water daily.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor. This is usually for seven to ten days.

The amount of time you will require off work will depend upon your job. If possible, have a trial period at work where you can go home early if you become very sore. Usually a week to ten days will suffice.

Surgery is usually safe and effective. Complications can occur and you need to be aware of them to help you make an informed decision about the procedure, being aware of them can also help detect and treat any problems early.

This leaflet is for information only and should not replace advice that Mr Bailey and his team will give you. Please keep this information and use it to help you if you have any further questions or queries.