

## **WHAT IS AN ANAL FISSURE?**

An anal fissure is a small tear or cut in the skin lining the anus which can cause pain and/or bleeding.



Figure 1. A simple acute fissure, transanal view.

## **WHAT ARE THE SYMPTOMS OF AN ANAL FISSURE?**

The typical symptoms of an anal fissure are extreme pain during defecation and red blood streaking the stool. Patients may try to avoid defecation because of the pain.

## **WHAT CAUSES AN ANAL FISSURE?**

A hard, dry bowel movement can cause a tear in the anal lining, resulting in a fissure. Other causes of a fissure include diarrhea and inflammation of the anorectal area.

Anal fissures may be acute (recent onset) or chronic (present for a long time or recurring frequently). An acute fissure is usually due to altered bowel habits while a chronic fissure may be either due to poor bowel habits, overly tight or spastic anal sphincter muscles, scarring or an underlying medical problem.

## **HOW CAN A FISSURE BE TREATED?**

An acute fissure is managed with non-operative treatments and over 90% will heal without surgery. Bowel habits are improved with a high fiber diet, bulking agents (fiber supplements; e.g., Metamucil or Konsyl daily), stool softeners (e.g., Colace 1 – 3 per day to soften stools), and plenty of fluids to avoid constipation and promote the passage of soft stools. Warm baths for 10-20 minutes several times each day are soothing and promote relaxation of the anal muscles. Occasionally, special medicated creams may be recommended.

A chronic fissure (lasting greater than one month) may require additional treatment. Depending on the appearance of the fissure, other medical problems such as inflammatory bowel disease or infections may be considered and testing may be recommended. A manometry test may be performed to determine if anal sphincter pressures are high. An examination under anesthesia may be recommended to determine if a definite reason exists for lack of healing.

### **WHAT CAN BE DONE IF A FISSURE DOESN'T HEAL?**

A fissure that fails to respond to treatment should be re-examined to determine if a definitive reason exists for lack of healing. Such reasons can include scarring or muscle spasm of the internal anal sphincter muscle. Those which continue to cause pain and/or bleeding can be corrected by surgery.

### **WHAT DOES SURGERY INVOLVE?**

Surgery usual consists of a small operation to cut a portion of the internal anal sphincter muscle. This helps the fissure to heal by decreasing pain and spasm. Cutting this muscle rarely interferes with the ability to control bowel movements and can usually be performed without an overnight hospital stay.



Figure 2. A chronic fissure with a skin tag and a hypertrophied anal papilla, coronal view.

### **HOW LONG DOES THE HEALING PROCESS TAKE AFTER SURGERY?**

Complete healing occurs in a few weeks, although pain often disappears after a few days.

### **WILL THE PROBLEM RETURN?**

More than 90% of patients who require surgery for this problem have no further trouble from fissures. If the problem returns without an obvious cause, the person may need further assessment including anal manometry testing or an exam under anesthesia.

### **CAN FISSURES LEAD TO COLON CANCER?**

No! Persistent symptoms need careful evaluation, however, since conditions other than fissure can cause similar symptoms.