

Anal Fissure

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Anal fissure is a wound usually located in the anterior or posterior midline of the anus. It can be caused by passing hard stool, multiple loose bowel movements, by straining, or by excessive wiping.

What distinguishes anal fissure is that it fails to heal on its own, the way most other wounds do. This is because there is insufficient blood flow through the blood vessels that pass near the wound. These blood vessels are partially blocked by spasm of the anal sphincter. A worsening cycle develops; the fissure is painful and causes the muscle to spasm, the spasm blocks blood flow, and the lack of blood flow prevents healing.

Topical Vasodilator Treatment

Initial treatment of fissure is medical. Patients are given topical nifedipine and lidocaine ointment to apply to the anal area 4-5 times daily and before bowel movements.

The nifedipine is a vasodilator; it opens the blocked blood vessels and helps more blood flow to the wound so it can heal. The lidocaine is a local anesthetic that helps decrease the pain, and relaxes the muscle to decrease the spasm.

Bowel Management

In addition to vasodilator treatment, patients are asked to decrease or eliminate caffeine, tobacco and alcohol consumption, drink two liters of water per day and add fiber and laxatives to their diet. This is to promote soft, easy to pass bowel movements. Warm baths or showers can help relax the sphincter as well. Used over 6-12 weeks bowel management and topical vasodilator treatment relieves fissure related pain and bleeding in 70% of cases.

Surgery

For those that do not wish this therapy or who do not improve with this treatment, two options exist. One is botox therapy, which involves injection of botulinum toxin into the sphincter to help relax its tone. We do not offer this treatment at Montgomery Colorectal Surgery because its effectiveness is questionable.

The second option is lateral internal sphincterotomy. In this surgical procedure, which is performed under general or spinal anesthesia, the surgeon cuts a portion of the internal anal sphincter; this weakens the muscle, decreases spasm, and improves blood flow. The operation takes about 30 minutes and is over 90% effective in relieving the pain caused by fissure.

Incontinence

The risk of this surgery, in addition to the risks of bleeding and infection and anesthesia, is some degree of fecal incontinence, usually loss of control of gas in approximately 10% of patients undergoing surgery.

Studies have reported the incidence of incontinence to be as high as 40%, but this was described with a complete sphincterotomy, and did not specify the extent or severity of incontinence. In more recent series of tailored or limited sphincterotomy, such as that performed by Dr. Katz, the incidence of incontinence is about 10%. While partial sphincterotomy is performed with excellent cure rates, patients must recognize that a change in continence may result from surgery. Therefore, surgery is reserved for medical treatment failures or those who cannot or will not undertake medical management.