



FAQs on
ANAL FISSURE

WHAT IS AN ANAL FISSURE?

Anal fissure is a small cut or tear in the skin that lines the anus. Fissures typically cause pain and often bleed. Fissures are quite common, but are often confused with other causes of pain and bleeding, such as haemorrhoids.

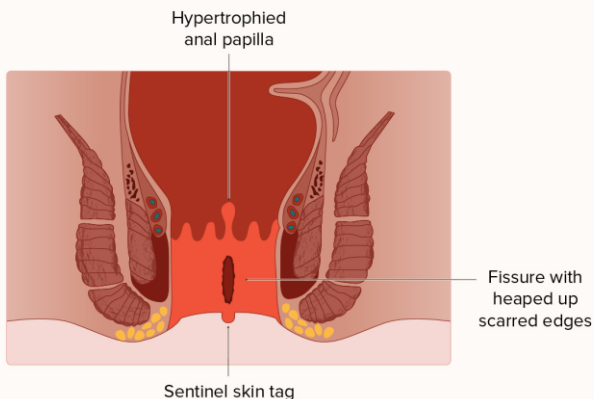
WHAT ARE THE SYMPTOMS OF AN ANAL FISSURE?

The typical symptoms of an anal fissure include pain during or after defecation and bleeding. Patients may try to avoid defecation because of the pain.

WHAT CAUSES AN ANAL FISSURE?

Injury: 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 diarrhoea or inflammatory conditions of the anal area. Anal fissures may be acute (recent onset) or chronic (present for more than six weeks or recurring frequently). Chronic fissures often have a small external lump associated with the tear called sentinel pile or skin tag. Pelvic floor problems such as difficulty evacuation could present with fissures too.





HOW CAN A FISSURE BE TREATED?

Fissures are categorised into Acute fissures and Chronic fissures. Often treating one's constipation or diarrhoea can cure a fissure.

An acute fissure is typically managed conservatively and over 90% will have symptom relief without surgery. A high fibre diet, fibre supplements, stool softeners, and plenty of fluids help relieve constipation, promote soft bowel movements, and aid in the healing process. Increased dietary fibre may also help to improve diarrhoea. Warm sitz baths for 10 – 20 minutes several times each day are soothing and promote relaxation of the anal muscles, which can also help healing. Occasionally, special medications may be recommended.

A chronic fissure will require additional treatment in addition to the above. Local anaesthetic applications and local muscle relaxants are of benefit. About 60 % relief can be attained with the above. A third of them need surgical intervention.

WILL THE PROBLEM RETURN?

Fissure 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 fibre diet or fibre supplement intake. If the problem returns without an obvious cause, further review may be needed.

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

A fissure that fails to respond to a treatment should be re-examined. Persistent hard or loose bowel movements, scarring, or contraction of internal anal sphincter muscle all contribute to the slow healing. Other medical problems such as inflammatory bowel disease, infections, or anal growths (skin tumours) can cause fissure like symptoms. If a fissure does not improve with treatment, it is important to be examined for other possible conditions.

WHAT DOES SURGERY INVOLVE?

Surgery is a highly effective treatment for a fissure and recurrence rates after surgery are low. Surgery usually consists of a small operation to cut a portion of internal anal sphincter (A lateral internal sphincterotomy). This helps the fissure heal, decrease pain and spasm in that area.

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. Surgical treatments do have other risks, and surgical consult will address these.

HOW LONG DOES THE HEALING PROCESS TAKE AFTER SURGERY?

Complete healing will take few weeks, although pain often disappears after a few days.

CAN FISSURES LEAD TO COLON CANCER?

No! Persistent symptoms, however, need careful evaluation since conditions other than fissure can cause similar symptoms. Additional tests may be requested by the doctor, if your fissure has not successfully healed. A colonoscopy may be required to evaluate other causes of bleeding.

WHO IS A COLON AND RECTAL SURGEON?

Colon and rectal surgeons are experts in the surgical and nonsurgical treatment of colon and rectal

problems. They have completed advanced training in the treatment of colon and rectal problems in addition to full training in general surgery. Colon and rectal surgeons treat benign and malignant conditions, perform routine screening examinations and surgically treat problems when necessary.

CONSULTING COLORECTAL SURGEON

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