

△ GENERAL INFORMATION

Anal fissure is a tear in the skin of the anus, the opening through which the bowel movements pass to the outside. This tear most often is caused by a large, hard bowel movement as it passes through the anus. There are other causes of anal fissure, but they don't apply to you.

COMMON SIGNS AND SYMPTOMS

At the beginning, there is a little burning and some pain in the anus while having a bowel movement.

- With repeated tearing, the pain during and for a short while after the bowel movement can be very severe. Some describe it as like a "hot poker."
- There may be bright red blood on the toilet tissue, on the surface of the stool, or in the toilet bowl.
- Persons with an anal fissure often become afraid of the pain that will follow a bowel movement, so they tend to hold back the bowel movement. This lets the stool become dry and even harder; as it finally passes, it reopens the fissure.

DIAGNOSIS

- Anyone with the above signs and symptoms should be checked for an anal fissure.
- Usually, the diagnosis can be made by taking a detailed history and doing a thorough physical examination of the area.
- Often careful separation of the buttocks will show the lower part of the fissure. It usually is located on the back side of the anus. Sometimes there is a small tag of scar tissue at the lower end of the fissure.
- A gloved lubricated finger is inserted gently through the anus. It may reproduce the pain when the fissure is touched.
- Anoscopy: This is done with a hollow instrument as thick and as long as your thumb (called an *anoscope*). You will lie on your side on the examining table as the lubricated anoscope is inserted gently into the anus and the area examined.

○ TREATMENT

- About one third of anal fissures will heal if the following are used:
 - A diet that has enough roughage and plenty of liquids in it so that the stools are soft.
 - Stool softener (example: Colace) or a mild laxative (example: milk of magnesia), if necessary.
 - Sitz baths: This involves sitting in a bathtub filled with enough warm (*not* hot) water to cover your anal area for 15 minutes three times a day and, if possible, after each bowel movement.

- If the fissure does not respond to the above treatment after a month or so, then a very effective operation can be done to help the fissure heal.

After consideration of all the factors, the recommendation is that you have an operation to help the tissue heal.

PREOPERATIVE PREPARATION

- You will have an examination of your blood and urine and possibly of your heart (EKG).
- Do not eat or drink anything for 8 hours before the operation.
- Shower or bathe as usual on the morning of the operation.
- You may be given medicine that will make you feel drowsy before you are brought to the operating room.

□ OPERATION

- The operation usually is done by using a fine needle to inject an anesthetic in the area to make it numb. In addition, medicine is given to make you feel drowsy. Sometimes, the operation is done under general anesthesia.
- The operation generally takes 30 minutes or less.

POSTOPERATIVE CARE

- You will be taken to a recovery room and observed. When your blood pressure, pulse, and breathing are stable and you are completely alert, you should be able to go home that same day with a responsible adult.
- Arrangements will be made for your medicines and follow-up office visit.

⊕ HOME CARE

- Resume your usual activities.
- Take medicine as prescribed for your pain.
- Continue with the sitz baths if they make you feel more comfortable.
- Be careful that you do not become constipated.
 - Include enough roughage and plenty of liquids in your diet.
 - You may need some help with a mild laxative (example: milk of magnesia).
- You may return to work when you feel up to it.

📞 CALL OUR OFFICE IF

- You do not have a bowel movement in a 36-hour period.
- You develop a temperature higher than 100°F.
- You have any questions.