

Adrian - Anal fissure (22.2.18)

D - Come in.

P - Hello, Dr Birrell, how are you?

D - I'm well, thanks, Adrian. Nice to catch up with you.

P - Good to speak with you. I've had to come in for an emergency thing.

D - You look in pain.

P - I've got a problem with my backside, again, and I don't know whether I've prolapsed or not.

D - Oh, dear. Tell me more.

P - Well, I've been struggling with a pile for - well, I think I had a thing in about three or four years ago, where they had a look and I had the anal fissure, and I had a pile come down. I've used anusol for about a week, and then I was away yesterday with work and something happened, but I got a pain - a serious pain in my behind, and from that I think some more's descended. So, might be worst case, but I need somebody to have a look at it, please.

D - Okay. It might be worst case?

P - Yes, but obviously I can't really see and...

D - Okay, okay, and you're thinking it's probably a pile, come down, or a fissure or something like that?

P - Yes.

D - Was there anything else that was on your mind, just when you use the words 'worst case', I'm thinking...

P - Well, I looked, you know, when people do, and I've gone 'what the hell is that', you know, because I was at the point of crying, sort of thing.

D - Yeah, okay. Did you see anything?

P - I don't know whether - what I could see, maybe one side of my rectum or my anus has...

D - Swollen?

P - Yeah.

D - Okay, that's helpful to know. Okay, and what was going through your mind?

P - Oh, what's caused it, for one thing, but I don't know whether—you know, is it to use anusol for seven days only, whether that's softened up, and some more's happened.

D - Yeah. Okay, let me clarify things, if that's okay? So, you've previously had an anal fissure, but that was about three years ago.

P - Yes.

D - You've also had a bit of a pile before, that went away completely.

P - Yes.

D - And what you've had for a week, maybe two weeks, is you've had something else new going on back there, but it's all around the backside area?

P - Yes, it is.

D - But it's been agony for a week?

P - it's been agony for - well, it's been painful for about, probably about a week, and then yesterday it really hurt.

D - And I can see it's difficult for you to sit down.

P - Yes.

D - Can I check, is there anything else going on? Was there any other issue you were planning to raise today, or was it just that?

P - No, just this, so - because, obviously it's difficult to sit down and I was in some pain last night, like a shooting pain, so...

D - Got you, got you, that's helpful to know. Worst fear, have you got any?

P - I looked at the pictures of prolapse, and obviously from what I can see, I don't know if it's just swollen or done something...

D - You want to make sure you don't have a rectal prolapse?

P - Yes.

D - Okay, so that's one of the things that was on your mind.

P - Yeah.

D - Did google come up with anything else?

P - No, I think I scared myself with that. I looked at what piles were and everything, but you know, with smartphones, everyone's a doctor. So, but yeah, I don't know, it feels like worse than the pile - I did make an appointment for Monday, but...

D - But you had to come today, because it's so much more painful?

P - Yes, I can't sit down properly.

D - Great, I'm sure we can help you with that. Okay.

P - Okay.

D - Have you spoken to anyone else? I mean, obviously you've done your google search and you've found a few pictures. Have you spoken to anyone else to try and...

P - No.

D - No, okay.

P - I haven't, I've come up from here - I was away yesterday, and obviously, it was quite the trouble driving.

D - So, it's not easy for you to get here and you've been travelling a bit. Just remind me what you do?

P - I'm, I'm a - basically I sell service engineers work. So, I'm a salesman for service engineers.

D - So, spending a lot of time in the car and travelling around the country a lot, from the sounds of things, and this is stopping you from doing your job, because you can't sit on your backside for any prolonged period of time.

P - Yeah, its...

D - Right, okay, that's helpful. So, that's the impact it's having on your life, as well.

P - Yes.

D - Okay, any theories about where it's come from, or why it's happened to you now?

P - No, I guess you just get to that age, don't you?

D - Do you think it might be age related?

P - Yes, maybe, maybe yeah. I mean basically spicy food and things like that, I like curries and chillies, unfortunately, so...

D - So, you're wondering whether that might have been a trigger for it, okay.

P - Yes.

D - Was there anything else on your mind?

P - No.

D - Not really, okay.

P - No, just this.

D - And with coming here today, did you have any particular thoughts as to what you were hoping I would do for you?

P - At least give me a diagnosis and put my mind at rest and look into what we can do to remedy it.

D - Okay, that makes sense. So, also take some of that pain away, if we can.

P - Yes, if it's painkillers, then obviously I was away yesterday, and you know, you look, and you say 'is aspirin the way to do it' or...

D - We can come to a decision between us as to what's going to be the most effective for you, okay.

P - Yep.

D - In terms of making that all safe for you, you're still trying to be at work at the moment, are you?

P - Yes, I'm still at work, but...

D - So, it's important that we can give you something that allows you to do that safely, yeah?

P - Yes.

D - You've got no holidays, you've not got any leave time or anything like that?

P - No, I hadn't planned to, but...

D - Domestic arrangements, you like at home with your wife...

P - And kids, yeah.

D - How old are your kids now?

P - Twenty-one, fifteen, and eleven.

D - Do I need to know anything more about you in terms of the risk of problems with your bowels or any reason why you might be prone to getting piles or fissures or anything like that?

P - I know my dad was susceptible to them, but that's about it, and...

D - Okay, so he didn't have anything serious going on, but he did have tears in his backside and piles.

P - Yes, he did, yes. So, I've had one and as I said, I came to see you.

D - Your weight's been steady?

P - Yeah.

D - We don't see you very much.

P - No, you don't.

D - But generally, your health has been good, yeah?

P - Yes.

D - And your weight's - clearly, you're of a good body mass index, you don't look as if you're overweight or underweight.

P - We do the health checks at work and things like that, so.

D - Good, and your blood pressure's all been fine?

P - Yes.

D - You're not a smoker? Not a big drinker?

P - I drink a fair amount, but...

D - Yeah. Do you mind me asking a bit more about that?

P - Well, I have a couple of pints - a couple of pints at night.

D - Every night?

P - It's how I class myself as 'finishing work', it's... otherwise I'd work through the night. It's...

D - Okay, I mean, are you aware of the government's current recommendations in terms of alcohol consumption?

P - Yes, I am.

D - Is there any way you could see yourself to having two or three alcohol-free nights a week?

P - Possibly, yeah.

D - Is that viable?

P - As I say, the way that I finish my working day is that I close the laptop and then head off to the pub for a couple of pints, and then...

D - Alcohol's not had any ill effects to you just yet though?

P - No.

D - And you're not aware of it being a particular problem to other people that you know about?

P - No, no. I mean, as I say, it's just my way of saying, 'work's over now', then—

D - Yeah, two pints every night?

P - Yeah.

D - So, we're talking about kind of twenty-eight units a week, aren't we?

P - Yeah, which is more than enough.

D - It's double the safe limits.

P - Yes.

D - Right, so we're going to focus on your bowels today and this lump or bump.

P - Yes.

D - Okay, brilliant, if you want to slip your jacket off, I'm going to check your weight first of all.

P - All right, I've got my work shoes on, so...

D - No lumps or bumps anywhere else then?

P - No, I actually played a game of football the other week, and I did quite well. I'll take my shoes off because they weigh about a half a ton.

D - Okay, all right. So, activity-wise, you're quite active still? You're able to still put ninety minutes on the clock?

P - Against it, yeah, there was a kid there that was seventeen and it was premier league, so.

D - Okay, if you want to lie yourself up on the couch.

P - Yeah.

D - First of all, I'm just going to have a feel of your tummy, so lie on your back, if you're comfortable to do that.

P - Yeah.

D - You're a tall chap, aren't you?

P - Yeah.

D - So 93 is not an unusual weight for you?

P - No.

D - If you just loosen your belt, that would be great. Put your head down on the pillow, that's lovely. So, no lumps down below, your testicles are okay; everything's working alright down there?

P - Yes.

D - If we turn you onto your side, so you're facing towards the wall. You're used to this, because we've done it before?

P - Yes, we have.

D - If you could just bring your pants down at the back, that would be great.

P - Sorry to put you through this again.

D - No, no, it needs to be done, doesn't it.

P - Yes, it does.

D - Knees up towards your tummy. You've got, not a true pile, but a sentinel pile, and it's exquisitely tender, isn't it?

P - Yes, yes.

D - Okay, that's helpful to know. We'll see what you can tolerate, but it may be that it's a bit too sore to examine you fully at the moment, just because this is fresh. Agony, alright. So, the back of your anal passage there?

P - Yeah?

D - You've got a really fresh anal fissure. A tear, you would say, and then you've got a very tender area, which is your sentinel pile there as well.

P - Right.

D - I'm not going to manage to put my finger any further up, I don't think we need to.

P - Okay.

D - If that's okay with you? But I'm going to make some recommendations for treatment for you.

P - Right.

D - If you want to put yourself back together?

P - Can do.

D - We'll just go through what the options are that might help you at this stage.

P - So, it wasn't a prolapse, eh?

D - It's not a prolapse, no, it's not a prolapse at all.

P - Right, is it swollen, because it feels like it.

D - It's swollen because of the tear.

P - Right.

D - And usually what happens with these is that you tear when you defecate. So, when you're passing a big stool or a hard stool, or if it's coming out too quickly, then it rips the backside, and when a consequence of that, when it's ripped it's like a paper-cut. Just a tiny little sore that's there, and your anus is going into spasm and I can't even get my finger completely in there without causing you agony. I'd be in danger of making you faint if I did that, so I'm not going to put you through that. So, what we're going to do is give you enough relief from that to allow us to carry on treating you.

P - Right.

D - So, there's no rectal prolapse. What a rectal prolapse is, is a big, beefy red thing that comes down and you would know the difference between that and this, but this is just on one margin of the anus, you've got an area of swelling, which is linked to the inflammation that you've got caused by the tear.

P - Right, okay.

D - Very straightforward. The options that we have to help you with this - often times when it's so painful and it's so difficult to get you pass stool at the moment, it's important that we soften your poo.

P - Right, okay.

D - So, I would suggest that we give you something that's going to be effective in terms of making your poo soft.

P - Yes.

D - Options you've got are laxido, which works quite well and is a bit more reliable, or if it was just something really mild you wanted, and you just wanted to go for something like Bisacodyl, that would be reasonable as well.

P - Alright.

D - So maybe movicol? Which is laxido.

P - Okay.

D - So, it's a sachet that you take once or twice a day just to make sure that your stool is coming and that it's not hard when you go.

P - Right. Got you.

D - These can take a while to fully heal.

P - Okay.

D - But we usually would get the worst of that pain under control quite quickly, with the options that we're going to suggest, but because it's so sore at the moment, I'm going to suggest a couple of things for you. With so much spasm, it's often worthwhile using a local ointment.

P - Okay.

D - And one of the ointments that is as good as anything and less likely to cause any side effects is an ointment called diltiazem.

P - Okay.

D - So, it's a treatment that you just put on the outside of your anus.

P - Okay.

D - Okay, and you put that on as often as you need. We usually recommend three times a day; but whenever the spasms, you've got that where it feels as if you're clenching your buttocks together, then use that regularly.

P - Right.

D - And you almost certainly won't have any side effects, and hopefully that will relieve that spasm quite well.

P - Right, very good.

D - It's also probably worthwhile giving you something else inside your anus. Now, I quite often, if the pain's not quite so bad would recommend that we use something like clotrimazole, because it's anti-inflammatory, anti-bacterial and yeast and it encourages the healing process. But because you've got so much inflammation and soreness there, it might be worthwhile temporarily giving you something that's got a steroid in it.

P - Right.

D - But it's not easy for you to get ointment up there, so maybe if we give you a small suppository to put up your backside, and you can do that every time you defecate, you put another one up there for the next few days until we've got on top of things. Does that make sense?

P - I was crying on the toilet this morning, though with it.

D - And you can buy over-the-counter clotrimazole cream for when this is getting better to—so, that's an anti-yeast treatment. It's what we use, usually for thrush.

P - Right, understood.

D - So, that's a worthwhile option. Ultimately, if we're not making any headway with it, sometimes it takes a while for these to heal, I don't know what your experience was, last time you got it?

P - It was probably two or three months.

D - So, if it's taking as long as that, and not healing and not going in the right direction, then what we do is we tend to ask a surgeon to treat you with botox.

P - Okay.

D - Not in your face, but around your bum, and the reason that that works well is that it also relaxes that muscle.

P - Okay.

D - And that lasts for several months, but there is a small danger with doing that, that we're going to make you leak. But, that would be a temporary problem, because the botox paralyses the muscle around your backside, but only very temporarily.

P - Yes.

D - So, that's another option, if it's not healing. Okay. It might be helpful for you to read up a bit more a bit more about the nature of an anal fissure.

P - All right.

D - So, patient.info is a reasonably good source of information about that sort of thing.

P - Okay.

D - Okay. Have you got any questions at this point?

P - No. I'm fine, I'm fine - what was worrying was the fact that I didn't know what it was, but obviously sitting there crying on the toilet is something which is not...

D - Well, let's get on top of the pain, but if you're not happy with the options that we've discussed already and we're not hitting the mark in terms of relieving the pain, then get back to me straight away and we'll go through something else that might be helpful for you.

P - Got you, yes.

D - Okay, so I'm going to give you several treatments, because it's so painful for you. I'm going to give you the laxido, with the sachets for you to dissolve in water and to take a couple of times a day, probably, to keep your bowels soft and going.

P - Yes.

D - We're going to give you the diltiazem ointment that you put around the outside of your backside and use that to relieve the spasm in your backside, and that will probably be quite a useful treatment for that.

P - Okay.

D - And you're going to have something for the short-term to pop inside your backside, just to allow that to heal, and for the swelling and irritation and inflammation to come down. That's got a steroid in it.

P - Yes.

D - So we, I tend to use a suppository called scheriproct, but they're all much of a muchness, these types of things, and they'll usually use that to settle down the inflammation.

P - Got you.

D - So, if we speak on the phone again in a week's time just to make sure that you're happy that we're going in the right direction, or if you're not getting any relief from the pain, then you give me a telephone call.

P - Yeah.

D - Okay.

P - Yeah, perfect.

D - Do you want to clarify anything?

P - No, I'm fine with that, I'm fine with that. It's, as I say, it feels at the minute as if I'm sitting on a, probably an orange or something like that.

D - Yeah. Oh, god.

P - A big, painful orange of course, but...

D - Yeah, yeah. Well, it's tiny, the amount of swelling that you've got there, and it's certainly not a rectal prolapse. Usually, a rectal prolapse looks like a really beefy, swollen area and it's usually the whole of the rectum - you kind of get a great big globule of red that comes down. So, if you're not too worried about it, then you can always get your wife to have a look at it and what's going on there; take a picture to confirm what's going on.

P - Okay.

D - And, if you then think, 'oh, I wonder if that could be a prolapse', then we'll see you urgently.

P - Right.

D - Because it's important to get those back up again.

P - Yes.

D - But, it doesn't sound like you're prone to getting that sort of thing. You've had this before, it's the same thing again, basically.

P - Right, okay, maybe I'm going a bit softer in my old age.

D - No, I don't think so, this is just a very painful condition when it's as bad as it is. Because it took so long for it to heal, last time, I'm going to give you a plentiful supply of the laxido.

P - Right.

D - Okay.

P - Okay. Should I change my diet a little bit?

D - What do you think?

P - You're going to say yeah, ha-ha.

D - Well, I think it's a good idea for you to be having soluble fibre in your diet, it's worthwhile exploring what those - what is meant by soluble fibre in your diet. Is your diet an issue?

P - No, not really. I mean, typically, you know, if I'm eating in a pub or a hotel I'll say I'll have a curry or a chilli or - I tend to, not necessarily, eat steaks, because you know steaks and things like that tend to, I guess, add a bit to your weight - particularly eating at that time of night. Yeah, I guess...

D - This is an instance where eating five pieces of fruit and veg a day is worthwhile.

P - Yes.

D - There's also good evidence that eating cereals is good for your health as well. Porridge is a good, healthy meal, as well, for your breakfast. Okay, if your blood pressure was an issue then we tend to recommend flaxseed or linseed - those are good evidence-based treatments to protect your bowel, as well as to protect your blood pressure, as well.

P - Right, okay.

D - That's the first thing. So, the second thing is the diltiazem cream that you're going to put on the outside of your anus as often as you'd like. I've just said here three times a day, but you can, whenever the spasm is there, just use it.

P - Yeah.

D - And you're unlikely to have any significant side effects. You might get some local flushing there, but it's designed to relax the backside muscle that's too tight.

P - And it gives you an idea of how much to put on?

D - Just be generous with it.

P - Okay.

D - Trial and error, really, will help you figure out how much you need to use.

P - Yeah.

D - But usually, if you put enough on your finger that you see just a short line on your finger and give that a rub around the hole of your anus.

P - Okay.

D - On the outside, yeah. Doesn't need to go inside at all.

P - Right, good.

D - We're going to also give you the scheriproct as well - suppositories. Providing they're available in the pharmacy, and they usually are. And you can use these as often as you want to - at least once a day, and usually it's worthwhile popping one last thing on a night.

P - Yes.

D - So, at least it's staying there as long as it can stay there. Particularly since we're giving you laxido, which is going to make you go a bit more frequently. So, at least once a day.

P - Right, okay.

D - You can use them several times a day, if you need to. So, we're going to touch base again in a week's time.

P - Okay, cool.

D - But if you're not happy with your pain relief within the next couple of days, then give one of us a call and we'll give you some further advice.

P - Okay.

D - You're still able to work?

P - Yes.

D - Sure? Alright then. Safely?

P - Well, I can always work standing up, so...

D - Okay, well if you need any help in that regard, then let me know, all right?

P - Just position the laptop on the filing cabinet, ha-ha.

D - Alright, well keep in touch and let me know how you're getting on, okay.

P - Thanks, Dr Birrell, I appreciate it.

D - No trouble.