Anal Fissure in adults

Management Options

Brief Decision Aid

Anal fissures are small tears of the skin of the anus, common in adults. Constipation and hard stools may cause them, and spasm of the anal muscles (sphincter) slows healing. Acute fissures have been present for less than six weeks; chronic fissures last longer than six weeks.

There are **three** options in managing anal fissure:

- General Measures – many fissures will heal on their own or with simple measures and ointments which ease the pain/inflammation and keep the faeces soft and easy to pass.
- Calcium Channel Blocker and Nitrate ointments - relax the muscles around the anus allowing good blood flow and promoting healing. Usually recommended when chronic.
- Surgical Treatments - an operation (sphincterotomy) can help if the fissure fails to heal.

In making a decision you need to ask yourself – What is important to me? This leaflet and your health professional can tell you the evidence and give their suggestions, but you need to make a decision that is right for you. What are your preferences?

You may want to think about:

- Do I have any lifestyle factors which are causing the fissure or stopping it getting better?
- Do I have a chronic anal fissure - one that has lasted for more than six weeks?
- Is my anal fissure causing me such significant symptoms that I want to consider surgery?
- Do I have other health complaints which may make an operation more complicated?
- If I leave it alone, do I know what to look out for that means it needs further attention?

Benefits and Risks of General Measures

Treatment option	Benefits	Risks or consequences
Do nothing. **Cream that contains an anaesthetic** may ease pain. You should only use for short periods at a time (5-7 days). **Cream that contains a steroid.** Steroids reduce inflammation and may help to reduce swelling around a fissure. **Wash** the anus carefully with water after you go to the toilet. Dry gently. Don't use soap whilst it is sore, as it may cause irritation. **Painkillers** such as paracetamol or ibuprofen may help to ease the pain (but avoid codeine which causes constipation).	Many acute anal fissures heal on their own without treatment. These general treatments may ease the pain while the fissure heals. About 80 in 100 acute anal fissures, or about 50 in 100 chronic fissures, are likely to heal within a few weeks if these general measures are used. Using them also reduces the chances of recurrence.	Some acute anal fissures will not heal on their own and will become chronic. 20 in every 100 acute fissures, or about 50 in 100 chronic fissures, will not resolve. Requires motivation to apply the creams or ointments daily Some of the ointments and creams may cause irritation, and can sensitise the skin if used for longer than a week. Steroid cream may reduce discomfort but may also reduce the healing rate of a fissure and should not be used for more than a week at a time.

Eat plenty of fibre in fruit, vegetables, cereals, wholemeal bread, wholegrains, seeds, nuts, or oats. **Fibre supplements** such as ispaghula, methylcellulose, bran or sterculia. **Drink enough fluid.** Adults should drink at least two litres (10-12 cups) per day. **Toileting.** Don't ignore the feeling of needing the toilet. Some people put off going to the toilet. This may result in bigger and harder faeces forming that are more difficult to pass later.		Prolonged use (years) of steroid cream can thin the skin around the anus. Increasing intake of fibre may make you feel bloated so you should do this gradually.

All other treatments are likely to work better if patients achieve some of the general measures listed above.

Benefits and Risks of Calcium Channel or Glycerol trinitrate ointment

Treatment option	Benefits	Risks or consequences
Glyceryl trinitrate ointment (GTN). This ointment, applied to the anus daily, improves blood flow, promotes healing and reduces pain. It is suggested that the ointment is placed around and just 1 cm inside the anus, once daily. Calcium channel blockers, such as diltiazem cream, applied to the anus daily improve blood flow and promote healing. The above creams/ointments are usually prescribed when the fissure has become chronic.	About 60 in 100 chronic anal fissures will heal with glycerol trinitrate ointment. About 60 in 100 chronic anal fissures will heal with topical diltiazem. Either cream/ointment may avoid the need for surgery.	Up to 40 in 100 chronic anal fissures will not heal with this treatment. Up to 30 people in 100 have a mild headache after applying GTN. It usually fades within half an hour. GTN cannot be used in pregnancy or when breast feeding, or for people who have regular headaches or migraines. 30-40 in 100 people may find their anal fissure recurs within 18 months after a course of GTN treatment, but another course can be used. About 40 in every 100 chronic anal fissures will not heal with topical diltiazem. For some people diltiazem cream causes irritation of the skin around the anus, and it may cause headaches. Creams/ointments need to be used daily for 6 - 8 weeks. Applying the cream/ointment on your own may be difficult.

Benefits and Risks of Surgery

Treatment option	Benefits	Risks or consequences
Surgery is also an option if you have a chronic or recurring fissure. The usual operation is to make a small cut in the muscle around the anus (internal sphincterotomy). This permanently reduces the tone (pressure) around the anus and allows the fissure to heal. This is a minor operation which is usually done as a day case under general anaesthetic. The surgeon will make an assessment of your resting anal tone or pressure. Those patients with a high anal pressure do better with this surgery than those patients who have a low anal pressure, or who have had previous anal surgery or obstetric tears in childbirth. Some operations, such as an anal dilatation or stretch operation, should NOT be offered to patients as they are less effective than sphincterotomy.	The success rate is high, at least 90 in every 100 cases are cured.	Around 10 in every 100 anal fissures will not heal with the operation. Up to 10 in 100 people will get anal fissures recurring after the operation. Immediately after the operation up to 50 in 100 people have poor control of gas (wind). 5 in 100 may have persistent problems controlling wind. People over 65 or who have given birth may have a higher risk of poor control of gas (wind). A very few have soiling of underclothes or mild incontinence, which fails to resolve for around 1 in 200 people. Full recovery from the operation can take up to a few weeks, but you will usually be back on your feet the same day.

Brief Decision Aids are designed to help you answer three questions: **Do I have options? What are the benefits and risks of these options, (and how likely are they)? How can we make a decision together that is right for me?**

References

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