

Anal Fissure

What is a fissure?

An anal fissure is a small tear or cut in the skin lining the anus which can cause pain and/or bleeding. The typical symptoms of an anal fissure are extreme pain during defecation and red blood streaking the stool. Patients may try to avoid defecation because of the pain.

Anal fissures may be acute (recent onset) or chronic (present for a long time or recurring frequently). An acute fissure is usually due to altered bowel habits or passing a hard, dry bowel movement; a chronic fissure may be either due to poor bowel habits, overly tight or spastic anal sphincter muscles, scarring or an underlying medical problem.

How can a fissure be treated?

An acute fissure is managed with non-operative treatments most will heal without surgery. Bowel habits can be improved by changing to a high fiber diet, adding fiber supplements, using stool softeners when needed, and drinking plenty of fluids. The goal is to avoid constipation and promote the easy passage of stools. Warm baths for 10-20 minutes several times each day are soothing and promote relaxation of the anal muscles.

Additionally, topical medications can help the fissure heal. The attached prescription needs to be filled at a compounding pharmacy in order to be the right strength. To prevent absorption of the medicine through the skin on your finger, cover your fingertip with clear plastic (e.g Saran) wrap while applying.

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A prescription for a topical pain reliever is also attached. This can be applied three times a day as needed for pain control.

You should start taking sugar-free Metamucil® (or any generic psyllium), 1 heaping teaspoon in a glass of water each morning. Follow this with another glass or two of liquids if possible.

What can be done if a fissure doesn't heal?

Most acute fissures resolve within four weeks of therapy as described above. A chronic fissure (lasting greater than one month) may require additional treatment.

A fissure that fails to respond to treatment should be re-examined to determine if a reason exists for lack of healing. Such reasons can include scarring or muscle spasm of the internal anal sphincter muscle. If your fissure fails to heal, we will review other possible treatments, including outpatient surgery.

Fissures by themselves do not increase your risk of colorectal cancer. However, everyone over the age of 50, patients with a family history of colorectal cancer, and patients with bleeding, constipation and other symptoms are at risk for colorectal cancer and should be evaluated. It may be necessary to have your colon checked before we can say with certainty that these types of symptoms are from the fissure. Colonoscopy is currently our recommendation for colon cancer screening in most patients.

Disclaimer: This document is for informational purposes only and is not intended to take the place of the care and attention of your personal physician or other professional medical services. Talk with your doctor if you have Questions about individual health concerns or specific treatment options.

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