



What is a fissure?

An anal fissure is a small tear in the skin of the anus that can cause pain and/or bleeding. The typical symptoms of anal fissure are painful bowel movements, with pain that can persist for hours, and less often bright red blood on the stool. People may try to avoid having a bowel movement because of the pain.

Anal fissures are usually the result of constipation, i.e., passing a hard, dry bowel movement, which tears the fragile skin at the anal outlet. When this occurs, the fissure is considered to be “acute” (of recent onset). If the symptoms persist for weeks or months, it can become chronic (present for a long time or recurring frequently). Pain from anal fissure can cause anal muscle spasm and tightness, which worsens the problem.

How is anal fissure treated?

An acute fissure is managed by improving bowel habits to correct constipation and soften the stools. Soft stools will be less likely to open the fissure and cause pain. Most acute fissures will heal in this way and will not require surgery.

Bowel habit can be improved by adopting 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 or soaks for 10-20 minutes may be soothing and promote relaxation of the anal muscles after a painful bowel movement.

Anal muscle relaxation may sometimes be achieved by using a topical medication, such as 0.2% nifedipine, and this may help the fissure heal. This 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, you can use disposable gloves, which you can get at the pharmacy.

You should start taking a high fiber supplement, either by eating a high fiber cereal (examples: 1/3 to ½ cup of All Bran or FiberOne daily) or a high fiber psyllium supplement (such as Metamucil®), 1 (or more) heaping teaspoon(s) 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 4-8 weeks if constipation can be corrected. A fissure that fails to respond to treatment or a chronic fissure (lasting greater than 2 months) may need evaluation for surgical treatment by a surgical specialist.

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, change in bowel habit and other symptoms are at risk for colorectal cancer and should be evaluated. Colonoscopy is currently our recommendation for colon cancer screening in most patients.

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