

Operation for Anal Fissure (Lateral Internal Sphincterotomy)

What is an anal fissure?

An anal fissure is a tear (or ulcer) in the lining of the anal opening. The primary and most important treatment for this condition is a high fiber diet, which will soften your stools and reduce injury to the area, allowing the ulcer to heal in most people. If this is not effective, the next step in treatment is to incise (cut) the outermost portion of the internal anal sphincter muscle to relax the anal opening and allow the fissure to heal. Surgery is only done if you have made dietary changes and they have been ineffective **and** if your anal sphincter muscle is long enough that it can be done safely.

What can I expect during the operation?

1. Most people receive a short-acting spinal anesthetic (drug that reduces feeling in that area). You are then placed face down, with your hips over an angle in the table in a position to expose the buttocks.
2. The surgeon makes a small incision over the anal sphincter muscle next to the anal opening. This is so that the surgeon can identify the inner layer of muscle (internal sphincter).
3. The surgeon divides a small amount of the outermost portion of the internal sphincter muscle. This shortens and relaxes the anal canal and anal opening.
4. The surgeon closes the small outer wound with absorbable stitches (ones that do not need to be removed.)
5. A loose outer dressing is applied that can be removed after a few hours.

What should I expect after the surgery?

There is usually little discomfort from the small incision. You can resume normal activities within a few days. Discomfort from the fissure is usually

quickly reduced, but complete healing of the fissure may take several weeks. Fissures which have been present for many years may take longer to heal.

How do I care for myself after surgery?

- Use soft, moistened tissue to clean the anal area after bowel movements.
- Shower or bathe as you normally would.
- Continue a high fiber diet.

Medication

- Over the counter medication (ibuprofen, Aleve, etc) may be sufficient. Your doctor may prescribe a pain reliever. You shouldn't need this for longer than 4 to 7 days. Use *only* as much as you need.
- You may use a stool softener to prevent constipation.

Activity

- Return to work and normal activity as soon as possible. This reduces depression and irritability after your operation, which are common.
- Avoid vigorous exercise for 2-4 weeks after surgery.

Diet

Resume your normal diet, but maintain high fiber and fluid intake to prevent constipation and recurrence of the fissure.

When should I call my doctor?

Call your doctor if you have any of the following:

- Pain, swelling, redness, drainage or bleeding increases in the surgical area.
- Nausea, vomiting, or constipation.
- Signs of infection: headaches, muscle aches, dizziness, or a general ill feeling and fever.

- New, unexplained symptoms develop. Prescription drugs used in treatment may produce side effects.

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