

## FISSURE-IN-ANO

Anal fissure is a common disorder which affects any age group.

### WHAT IS AN ANAL FISSURE (Fissure-in-ano)?

An anal fissure is a benign superficial ulcer in the anal canal. It is usually about 1 cm long, and at its lower end there may be a tag of oedematous skin. This tag is called a 'sentinel pile' – sentinel because it guards the fissure.

Primary fissures may be acute (sudden onset) or chronic (persistent symptoms of more than a few weeks).

### CAUSE OF ANAL FISSURE

The most common cause of anal fissure is constipation. It may also be caused by ulceration of thrombosed haemorrhoids.

### SYMPTOMS OF ANAL FISSURE

The most obvious symptom is intense anal pain made worse when passing a bowel motion. This intense pain is caused by the internal anal sphincter muscle going into spasm. Small amounts of blood can often be seen on the toilet paper or in the bowel motion.

### TREATMENT OF ANAL FISSURE

Acute fissures may heal spontaneously, or after a topical application of a steroid ointment, local anaesthetic ointment or a vasodilator paste. If symptoms persist despite medical therapy, surgical treatment is advisable. Surgical treatment consists of dividing the internal anal sphincter muscle to prevent spasm occurring, this operation is called a Lateral Internal Anal Sphincterotomy.

### POST-OPERATIVE CARES FOLLOWING LATERAL INTERNAL SPHINCTEROTOMY

#### *Bowel function:*

The first bowel motion is often uncomfortable and often associated with minor bleeding. Constipation can be particularly unpleasant and painful, so it is important to keep bowel motions soft and regular. Drink at least 6-8 glasses of water a day. A high fibre diet is recommended – including plenty of fresh fruit and vegetables. It may be necessary to use Metamucil or mucilax for the first few days after surgery to encourage bowel activity.

#### *Hygiene:*

You can shower or bath normally within 24 hours of your operation. It is important to keep the area clean and dry between bathing. Avoid using dry toilet paper – instead use a warm wet flannel, moist soft tissue or even 'baby wipes'. Saline baths (½ cup salt per bath) several times daily, especially after bowel movements, is good for hygiene, and is very soothing. If it is not possible to bath, have a suitable basin available to sit in (use 1 teaspoon of salt per basin of water).

#### *Pain:*

Some discomfort and a little bloody discharge can be expected especially after bowel movements, but this will diminish as healing progresses. You will be advised about the type of pain medication to use. Use pain relief regularly rather than waiting until pain builds up. If you have what you consider to be excessive pain, despite taking pain relief contact your surgeon (or nurse) to discuss.

#### *Phone for advice if the following occurs:*

- Excessive bleeding. Initially apply firm pressure to the area for 15 – 20 minutes.
- Excessive swelling to the anal region. A small amount of swelling is normal.
- Red, inflamed or excessive discharge from the anal region.
- A fever or temperature over 37.5deg C.
- If you feel you are becoming constipated.

See next page for treatment information  
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## **Rectogesic Ointment (glyceryl trinitrate ointment 0.2%)**

Your specialist has advised that you have an anal fissure. If this has not become a chronic condition it may respond to a combination of therapies, before surgery is contemplated.

**A non-surgical option to try to treat this condition is rectogesic ointment.**

*An anal fissure is a crack or tear in the anus and anal canal, often caused by passing constipated motions, thus traumatising the area. An anal fissure can cause sharp pain, spasms and bleeding during and after bowel movements. It may also cause itching and burning in the anal area.*

Rectogesic is an effective treatment and should be used if a high fibre diet, laxatives and local ointment fails. The rectogesic ointment should be applied sparingly to avoid headache. The ointment works by relaxing the anal sphincter and improving blood supply. Excess absorption (using too much) causes dilatation of blood vessels to the head - leading to headache.

*The medication is available on prescription. It is currently not funded entirely by Pharmac and you may need to pay between \$40 - \$60 for the ointment.*

**If this is not an option for you we can apply to Pharmac to obtain a Special Authority number which covers this cost (but not normal prescription fees). It can take a week or so to obtain the authority.**

- Please take the prescription to your usual pharmacy. They are able to contact Pharmac online to check if the Special Authority number has been issued and will then contact you to pick up the medication.
- If you choose to pay for this medication before the number has been issued it CANNOT be refunded retrospectively.
- If you have not been contacted to collect your medication after a week please contact your pharmacy.

See next page for application information  
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## Glyceryl trinitrate ointment

If you apply glyceryl trinitrate (GTN) ointment to the anus, it relaxes the muscle around the anus (the anal sphincter). It also increases the blood supply to the damaged skin by dilating the blood vessels in that area. This may allow the fissure to heal better. It may also ease the pain. A doctor may advise that you use GTN ointment if you have had an anal fissure for longer than a week or so, and particularly if you have persistent (chronic) anal fissure.

You should use GTN exactly as described on the leaflet that comes with the packet. For example:

- A standard dose is 2.5cm squeezed out of the tube. (A measuring line comes with the product to measure 2.5cm of ointment.)
- You squeeze a dose of ointment onto a finger (which you can cover beforehand with cling film or similar). You then place the ointment just inside the anus.
- The ointment is used every 12 hours until the pain goes, or for up to 8 weeks maximum. (Some doctors advise to continue with the ointment for a full 6-8 weeks even if the pain goes much sooner. This is because it often takes 6-8 weeks of treatment for the fissure to heal fully, even if the pain has gone).
- The product leaflet gives details of who should not use the ointment and of side-effects that may occur. For example, it should not normally be used by children unless prescribed by a specialist and it may not always be advised in pregnant women.

Some points to note if you use GTN ointment include the following:

- About 5 in 10 people have a headache after applying GTN ointment. (The GTN gets into the bloodstream and may cause a headache.) The headache usually goes within 30 minutes or so. Painkillers such as paracetamol will help if a headache occurs. If headaches are troublesome, try using a smaller amount of ointment for a few days, and then gradually increase the amount back to normal over several days.
- Another tip if you get bad headaches is to rub a smaller amount of ointment (a pea-sized amount) around the rim of your anus rather than inserting the full amount into the anus. GTN is absorbed more into the bloodstream from the thin skin inside the anus. Using a smaller dose of ointment just on the rim of the anus may avoid side-effects. (However, it may not be as effective as using the full dose inserted into the anus.)
- Occasionally, GTN ointment can cause dizziness and light-headedness because it can cause a drop in blood pressure. To try to avoid this, get up slowly after you have been lying or sitting down and avoid drinking too much alcohol.
- **Contraindications.** Severe anaemia, glaucoma, hypotension, increased intracranial pressure and idiosyncrasy to glyceryl trinitrate. Glyceryl trinitrate should not be co-administered with sildenafil citrate (Viagra) and/or other phosphodiesterase type 5 inhibitors
- RECTOGESIC should not be given to pregnant women - see contraindications. It is not known whether glyceryl trinitrate is excreted in human milk. Therefore RECTOGESIC should not be given to lactating women

Some studies have shown that other medicines may also help to relax the anal sphincter muscle and increase the blood supply to the area, so helping healing of an anal fissure. For example, medicines called calcium-channel blockers, such as diltiazem. These medicines do not seem to be any more effective than GTN ointment. They may sometimes be suggested for people unable to use GTN ointment.

An injection of botulinum toxin into the anal sphincter muscle has also shown to relax the anal sphincter muscle and so help anal fissures to heal. This treatment may be suggested in certain cases – for example, if other treatments have not been successful.

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