

PATIENT INFORMATION

ANAL FISSURE

ANAL FISSURE PATHOPHYSIOLOGY.

Anal fissures occur because of trauma – either constipation, diarrhoea or mechanical trauma. Because of the pain the internal sphincter goes into spasm and causes a cycle of more trauma and as well decreased the blood supply to the area of where the fissure is so that there is failure to heal.

Occasionally infection can be a factor and then Metronidazole 100 gms b.d. could be used.

TREATMENT:

Anal fissure is due to trauma that it can be associated with other conditions such as inflammatory bowel disease. Here the fissure is often atypical and may be painless.

A fissure is often associated with a skin tag, sentinel pile.

Treatment – conservative treatment is stool softeners such as Fybogel. The Fybogel makes the stools softer and easier to pass.

Local applications such as Rectinol and Proctosedyl are Local Anaesthetics with or without Cortisone can be helpful in relieving pain but do not reverse the condition.

More recent treatments are Rectogesic and GTM paste. These are Glycerol Trinitrate which is a medication used to angina to dilate blood vessels. The theory being is that the local application relaxes the smooth muscle of the blood vessels, and thus increases the blood supply. It also relaxes the smooth muscle of the internal sphincter itself.

Problems are it takes six weeks to work and has side effects in 50 – 75% of patients get headaches and postural dizziness. Many people do not complete the course.

Thus to try to prevent this the cream is applied twice a day initially and then increased to three or four times per day.

Another conservative approach, which often requires hospitalisation or anaesthesia as a day case, is the use of Botox. Botox is expensive but in hospital, health funds cover it. I understand it is about \$400 a vial and one vial could be used for two treatments.

Injection given into the intersphincteric groove where it blocks the autonomic nerve endings that supply the internal sphincter. Thus the internal sphincter is paralysed and

the spasm is reduced allowing the fissure to heal and become pain free. Side effects are temporary faecal incontinence or incontinence to flatus which can last up to three months.

In males, subcutaneous sphincterotomy is not such an issue as it is with females who tend to have a greater risk of developing incontinence because of childbirth and other factors as a result of the surgery.