

Anal fissures

Information and treatment options

What is an anal fissure

An anal fissure is a small tear in the delicate lining at the opening of the anus. It can be very painful, even when the tear is small. It is different from a haemorrhoid.

A fissure may start after passing a hard stool, straining or repeated diarrhoea. Most occur in the midline towards the back of the anus; some occur towards the front.

Pain can make the internal sphincter muscle tighten. This reduces blood flow to the tear and can delay healing, creating a cycle of pain and muscle spasm.

Common symptoms

- Sharp or tearing pain when opening your bowels.
- Burning or aching that may continue for minutes or hours afterwards.
- A small amount of bright-red blood on the paper or stool.
- Sometimes a small skin tag beside a longstanding fissure.

A recent fissure often heals with bowel care. A persistent fissure is called chronic and may need treatment to relax the muscle and help the tear heal.

Do I need further tests

I can usually diagnose a fissure by gently examining the area. If examination is too painful or the diagnosis is unclear, I may recommend an examination under anaesthetic.

A colonoscopy is not needed for every fissure. I will consider your age, bleeding, bowel habits, screening history and any previous colonoscopy. Low iron, unexplained weight loss, other bowel symptoms or a family history of bowel cancer may warrant investigation.

An unusual or non-healing fissure may need further assessment for another cause, such as Crohn's disease. A negative bowel screening stool test does not replace assessment of symptoms.

Helping the fissure heal

Aim for soft, formed stools that pass easily. Keeping stools comfortable to pass is important with every treatment.

- Increase fibre gradually and drink enough fluid, within any prescribed fluid restriction. A stool softener or laxative may help constipation.
- Avoid straining, long periods on the toilet and delaying the urge to go. Persistent diarrhoea also needs attention.
- Warm, shallow baths may ease pain. Clean gently and pat dry. I can advise on pain relief and any short-term local anaesthetic cream.

Continue bowel care after the pain settles to help prevent the tear reopening.

Choosing a treatment

I will recommend treatment based on healing, muscle tone and your bowel control.

Prescription ointments such as GTN (Rectogesic) or diltiazem relax the internal sphincter to help healing. A course often lasts 6-8 weeks; follow your prescribed duration. GTN commonly causes headaches and can cause dizziness. Diltiazem tends to cause fewer headaches; either may irritate the skin. I will explain how to apply the treatment.

Tell me about all your medicines before treatment. Do not combine GTN with sildenafil, tadalafil, vardenafil or similar medicines because blood pressure can fall dangerously.

Botox injection temporarily relaxes the muscle, often as a day procedure under general anaesthetic. Its effect usually lasts a few months. Repeat treatment may be needed. Temporary leakage of wind or stool can occur.

COLORECTAL AND GENERAL SURGEON

Surgery called lateral internal sphincterotomy divides a small part of the internal muscle. It is effective but can cause lasting changes in wind or stool control. Previous childbirth injury, anal surgery, Crohn's disease or existing leakage affects suitability. A fissurectomy or advancement flap may be considered to avoid dividing the muscle.

Treatment	Best suited to	Recovery or course	Main trade-off
Bowel care	First step for all	No procedure downtime	May not heal a chronic tear
Ointments	Persistent pain or fissure	Often 6-8 weeks as prescribed	Headache or irritation
Botox	A fissure not healing with ointments	Usually a short recovery	May need repeating; temporary leakage
Surgery	Selected persistent or recurrent fissures	Depends on procedure	Wound recovery; bowel control risk

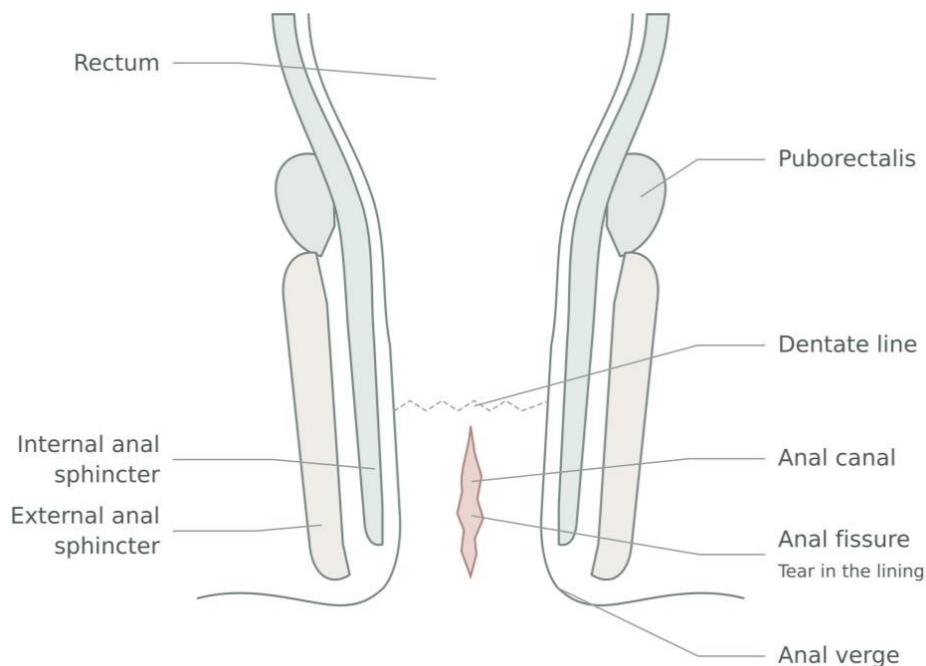
Recovery and review

After a procedure, follow your pain relief and bowel-care plan. Recovery and time off work depend on the procedure and your symptoms. Keep your planned review so I can check healing and bowel control; contact the rooms if symptoms persist or return.

Severe or increasing pain, heavy bleeding, fever or difficulty passing urine need urgent assessment. Contact the surgical team or attend an emergency department if you cannot reach them promptly.

My treatment plan

Treatment / bowel care / prescribed course or procedure / review



Simplified view of an anal fissure and the surrounding sphincter muscles.

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