

## What are the symptoms of an anal fissure?

The typical symptoms of an anal fissure are pain during or after defecation and bleeding. Patients may try to avoid defecation because of the pain making them complain of “constipation” upon consult at the colorectal clinic.

## What causes an anal fissure?

Anything that can cut or irritate the inner lining of the anus can cause a fissure. A hard, dry bowel movement is typically responsible for a fissure. Other causes of a fissure include diarrhea or inflammatory conditions of the anal area. Anal fissures may be acute (recent onset) or chronic (present for a long time or recurring frequently). Chronic fissures often have a small external lump associated with the tear called a sentinel pile or skin tag.

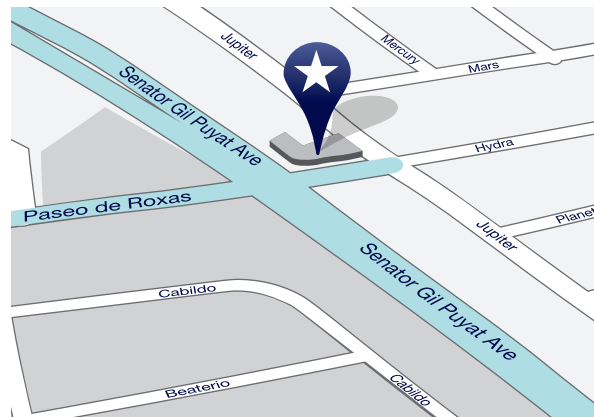
## How can a fissure be treated?

Often treating one’s constipation or diarrhea can cure a fissure. An acute fissure is typically managed with non-operative treatments and over 90% will heal without surgery. A high fiber diet, fiber supplements, stool softeners, and plenty of fluids help relieve constipation, promote soft bowel movements, and aide in the healing process. Increased dietary fiber may also help to improve diarrhea. Warm sitz baths for 10-20 minutes several times each day are soothing and promote relaxation of the anal muscles, which can also help healing. Occasionally, special medications may be recommended. A chronic fissure may require additional treatment, likely surgical



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### Clinic Hours

Mondays to Fridays  
10:00 AM to 7:00 PM

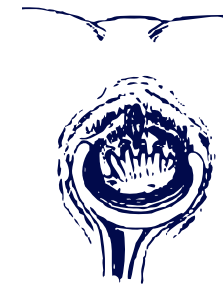
Saturdays  
9:00 AM to 1:00 PM

### The Specialists

Manuel Francisco T. Roxas, MD  
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Carlo C. Cajucom, MD  
Catherine S. Co, MD  
Mark Paul J. Lopez  
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## Anal Fissure

### What is an anal fissure?



An anal fissure is a small tear or cut in the skin that lines the anus. Fissures typically cause sharp pain and often bleed (during or immediately after a bowel movement). Fissures are in fact quite common, but are often confused with other causes of pain and bleeding, such as hemorrhoids.

This makes it necessary to consult a colorectal specialist when an anal fissure is suspected to ensure that the appropriate management is provided.

*\*A simple acute fissure, transanal view.*



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## What can be done if a fissure doesn't heal?

A fissure that fails to respond to treatment should be re-examined, preferably by a colorectal specialist. Persistent hard or loose bowel movements, scarring, or spasm of the internal anal sphincter muscle all contribute to delayed healing. Other medical problems such as inflammatory bowel disease, infections, or anal growths (skin tumors) can cause fissure-like symptoms, and patients suffering from persistent anal pain should be examined to exclude these conditions

## Will the problem return?

Fissures can recur easily, and it is quite common for a healed fissure to recur after a hard bowel movement. Even after the pain and bleeding has disappeared one should continue to aim for good bowel habits and adhere to a high fiber diet or fiber supplement regimen. If the problem returns without an obvious cause, further assessment may be needed to rule out other anorectal diseases.

## Can fissures lead to colon cancer

No. Persistent symptoms, however, need careful evaluation since conditions (colorectal cancer, included) other than fissure can cause similar symptoms. The colorectal specialist may request additional testing even if your fissure has successfully healed. A colonoscopy may be required to exclude other causes of bleeding. These are best discussed with your colorectal specialist.

## How long does the healing process take after surgery?

Complete healing occurs in a few weeks, although pain often disappears after a few days after surgery

## What does surgery involve?

Surgery is a highly effective treatment for a fissure and recurrence rates after surgery are low. Surgery usually consists of a small operation to cut a portion of the internal anal sphincter muscle (a lateral internal sphincterotomy). This helps the fissure heal and decreases pain and spasm

Although there are "conservative" means of treating a chronic anal fissure, none have shown comparable success as the lateral internal sphincterotomy.

If a sentinel pile is present, it too may be removed to promote healing of the fissure. A sphincterotomy rarely interferes with one's ability to control bowel movements and is most commonly performed as a short outpatient procedure. Surgical treatments do have other risks, and your colorectal specialist will address these with you.



*\*A chronic fissure with a skin tag and a hypertrophied anal papilla, coronal view*