



Anal Fissure

Patricia L. Raymond, MD FACP FACG

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A fissure is a break in the skin. An anal fissure is a tear in the lining of the anorectal canal. The tear and resultant scab on the site are re-injured with each defecation, making them quite difficult to heal.

Symptoms of an anal fissure include stinging and pain on defecation, sometimes associated with blood on the toilet tissue. The pain often lasts for hours and only gradually subsides; and as the number of nerves to the anal area is great, the pain may be excruciating.

How is an anal fissure diagnosed?

Anal fissures may be easily mistaken for hemorrhoids if not evaluated. The diagnosis of anal fissures requires the skill of a physician train in proctoscopy or sigmoidoscopy. Both of these are simply procedures which allow detailed inspection of the anal canal.

After digital examination of the anus, a small scope is lubricated, inserted into the canal and slowly withdrawn, allowing visual inspection of the fissure. Some patients with a chronic fissure which have been there a while, or has occurred several times in the same spot, will develop a "sentinel pile" or small skin protrusion from the anus just outside of where the fissure is located.

What causes an anal fissure?

It is believed that an anal fissure occurs when a bowel movement which overly large and/or hard passes through the anal canal. This causes a tear, leading to immediate discomfort and scant blood on the toilet tissue. As it is painful to defecate, the patient with an anal fissure tries to not pass bowel movements and the resultant constipation leads to ever larger and harder movements each re-injuring the anal canal.

Tell me more about acute and chronic fissures.

An acute fissure is a tear which has been present less than thirty days, and is relatively easy to heal. A chronic fissure, however is more difficult to heal, as over the greater-than-thirty-day course the fissure has been repeatedly injured with each defecation. Treatment must be initiated promptly. As a fissure becomes chronic, scarring develops at the edges of the tear, further limiting its ability to heal, and frequently a sentinel pile develops.

Chronic fissures may eventually require surgery to heal completely.

So how can we treat anal fissures medically?

The mainstay of treatment is to reduce the re-injury to the anal canal with defecation. You may choose to increase your water intake, or take stool softeners to produce stools which are not hard. In addition for very uncomfortable fissures, application of a gentle hydrocortisone cream or a 2.0% lidocaine jelly may greatly soothe the discomfort. It is felt that pain causes spasm of the anal muscle, causing it to be even more difficult to pass stools through a spastic anal sphincter without damage.

In addition, good anal hygiene using sitz baths and aloe baby wipes instead of toilet paper promotes healing and comfort.

I've heard about applying nitroglycerin ointments to chronic fissures – how does that work?

0.2% nitroglycerin ointment, usually applied to the chest wall in patients with heart disease, relaxes the muscles in the wall of blood vessels. In treating anal fissure, the ointment seems to relax the spasm of the anal sphincter muscle, limiting pain and re-injury. This use of "nitro" ointments is not FDA approved.

In a study by Dr. Lund in Lancet in 1997, 0.2% ointment was applied twice a day to the anal sphincter area. Over 60% of patients experienced headaches, although only one patient of 38 tested had to stop the treatment due to the headaches. The chronic fissure healed with ointment in 68% by 8 weeks; only 6% healed on their own without treatment.

**An Educational Service of:
Patricia L. Raymond, MD, FACP, FACG
680 – D Kingsborough Square, Chesapeake, VA 23320
757-54SCOPE (547-2673) fax 757-547-7727**

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