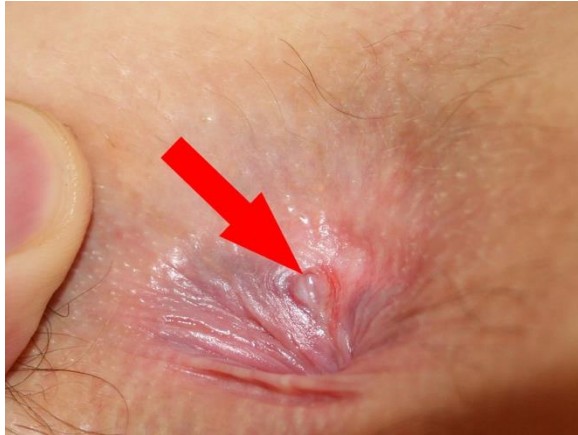




Anal Fissure

What is an Anal Fissure?



An anal fissure is a small tear in the skin of the anal canal. This is the opening of the lower bowel to the outside through which you pass motions. Most fissures heal very quickly and never get seen by your doctor (GP) or a consultant. A fissure which lasts for more than 6 weeks is called a chronic fissure and at this stage will normally require treatment in order to get it to heal. Healing is usually achieved with medications in most cases.

Signs and symptoms and diagnosis of an Anal Fissure

An anal fissures most common symptom is pain in the anal canal (back passage) particularly during and following going to the toilet. Whilst passing stools it ends to be severe sharp pain and then following this it becomes a more dull burning pain. Patients tends to avoid going to the toilet because of the pain and constipation often occurs which then may exacerbate the pain. The passing of motions may be associated with the presence of blood either on the stools or on the toilet paper - it is bright red in colour.

The diagnosis is usually made by your doctor on the basis of your typical symptoms and on examining your back passage there is a small tear that can be seen on the skin of the anus. No special investigations are usually required in order to make the diagnosis and treatment can begin immediately.



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How can we treat an Anal Fissure?

Treatment begins often at your GP practice with simple measure such as avoidance of constipation, stool softeners, pain killers such as paracetamol and ibuprofen and topical local anaesthetic agents. A high fibre diet with plenty of water is also recommended.

If this does not result in a cure then the next stage would be assessment by a colorectal surgeon and the application of a agent to relax the anal sphincter which reduces pain during bowel opening and aides in healing the fissure. There are two commonly used medications for this, Rectogesic (GTN) ointment or Diltiazem ointment. These are used for up to 6 weeks to allow healing.

Occasionally this treatment is not successful and the next stage of treatment is an injection of Botulinum toxin into the anal muscle to make to relax.

Finally, if this fails to cure the fissure then an operation may be the next most appropriate step. Your colorectal surgeon will discuss this with you should this be required. However, surgery if not commonly needed as most fissures are cured with medications.

I think I may be suffering with an Anal Fissure, how can I get help?

If you think that you have an anal fissure then the first step is to get in touch with your GP to confirm the diagnosis and to start simple treatment measures.

If you have already tried these treatments then a referral to a colorectal surgeon for further assesment and treatment may be required. This can be in the NHS via your Gp or if you wishe to see one of our surgeons, please get in touch via our contact page on the website which can be accessed via cardiffcolorectal.co.uk or by scanning the QR code above using your phone.

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