What is an anal fissure?
An anal fissure is a small tear or cut in the lining of the anus, which can cause pain and/or bleeding. Fissures may be acute (recent onset) or chronic (long-term or recurring frequency). Almost always the tear results from a combination of two factors:

1. Irregular bowel patterns (either hard or liquid stools) and
2. Increased anal sphincter tone (usually associated with stress). When hard stools pass through a tight anal opening, a laceration or split may occur and that is referred to as a fissure. Fissures can also be caused by anal trauma, laxative abuse, childbirth trauma, diarrhea, inflammation of the anal area, or laceration by a foreign object. Chronic fissures may be caused by spastic anal sphincter muscles, scarring, or an underlying medical problem. Fissures are not cancerous.

What are the symptoms of an anal fissure?
Common symptoms include rectal pain that may be extreme with bowel movements, rectal burning, bleeding (especially blood on the tissue paper or red blood streaking the stool), itching and/or a tearing sensation.

How is an anal fissure diagnosed?
Fissures can often be identified through anal inspection and digital rectal examination. The anal examination includes the use of an anoscope to directly visualize the fissure.

How is a fissure usually managed or treated?
The goals of treatment are:

- to regulate the consistency of the stools
- relaxation of the anal sphincter tone
- to avoid discomfort, bleeding and pain
- healing of the fissure

Most fissures can be treated symptomatically and heal over the course of several weeks (usually six). Conservative measures are taken to correct the problems that create the fissure. The consistency of the stools can be regulated with the use of increased fiber intake, stool softeners, and/or increased fluid intake. Fiber has the property of absorbing water in the case of diarrhea or releasing water into the stools in the case of constipation, producing a more paste-like consistency. The increase in fiber intake can be accomplished with diet modification, use of fiber supplements or both.

Relaxation of the anal sphincter tone can be achieved with behavior modification. Also taking Sitz baths (soaking the anal area in warm water for 20-30 minutes several times daily) is an excellent way to relax the anal sphincter tone and increase the blood flow to the area to promote healing.

Topical pain relievers, such as Lidocaine jelly or ointment, can be used to control the discomfort.

If the six-week conservative approach has not successfully resolved the fissure(s) or if symptoms have worsened, testing for Inflammatory Bowel Disease (IBD) or infection may be considered. Surgery to relax the internal anal sphincter usually relieves the symptoms. This procedure can generally be done on an outpatient basis. Following surgery, the fissure heals over a weeks, although the pain usually resolves after a few days.

Reference
American Society of Colon and Rectal Surgeons at: www.facs.org

If you are a registered University of Illinois student and you have questions or concerns, or need to make an appointment, please call: Dial-A-Nurse at 333-2700

If you are concerned about any difference in your treatment plan and the information in this handout, you are advised to contact your health care provider.

Visit the McKinley Health Center Web site at: http://www.mckinley.illinois.edu