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YOUR HEALTH MATTERS

RECTAL FISSURES

Anal fissures are caused from a split in the lining of the rectum, possibly resulting from hard bowel movements. After the fissure forms, healing becomes difficult due to muscle spasms and subsequent bowel movements. Patients most commonly present with anal pain and particularly pain with a bowel movement. The pain is usually described as tearing, cutting or burning in nature and occurs with passage of stool. The pain can be brief, with resolution shortly after a bowel movement, or can be constant and severe. In addition, anal fissures may produce bleeding, itching and a smelly discharge. The bleeding is bright red and usually seen on the toilet paper or staining undergarments. Occasionally, the bleeding can be more profuse and dripping into the toilet bowl.

Initially, we recommend a trial of conservative therapy using topical medications, stool softeners and diet changes. There are other treatments such as Botox injections that temporarily paralyze the anal sphincter for approximately three months, enabling the fissure to heal. Internal, lateral anal sphincterotomy is a surgical procedure where the anal sphincter muscle is cut. This permanently weakens the muscle and relieves the muscle spasm which prevents healing. Fissures heal very slowly. Do not expect immediate results from any treatment.

Treatment Plan

- Apply prescribed anal cream inside and outside your anus after every bowel movement. Suppository at bed time.
- Over-the-counter ibuprofen (Motrin, Advil) also will help with the pain. If you are not allergic to ibuprofen, you may take 600mg three times each day with food to assist with pain control.
- Take a fiber supplement, such as Metamucil, Konsyl, Fibercon, Citrucel, Benefiber or any generic brand, as directed on the package. Be sure to drink six to eight glasses of water or another non-caffeinated beverage a day.
- Take a stool softener while you are taking the pain medicine. Colace (Docusate sodium) 100mg twice a day is the recommended stool softener.

- Take a warm bath in plain water and soak for at least 20 minutes three times a day. This is a minimum and there is no maximum limit. You can soak as long as you want. Soaking is the most effective method of controlling pain.
- Soap should be avoided. The area can be cleansed using a cleansing lotion specifically formulated for the perianal area, Balneol. Following a bowel movement, the anus should be cleaned using a moistened toilet paper or medicated wipes (e.g. Tucks or non-alcohol baby wipes). Pat the area dry, no excessive rubbing or wiping is recommended.
- Avoid irritating foods and drinks, such as citrus fruits and juices, coffee, colas, alcoholic beverages, milk, nuts, popcorn, tomatoes, peppers, or other foods that cause gas, indigestion or diarrhea. After 2 weeks, you may introduce one food item at a time back into your diet to identify the offending agent more specifically.
- Do not give yourself an enema unless approved by the surgeon.
- If two days pass without a bowel movement, take two tablespoons of milk of magnesia (30ml) and repeat in eight hours if you have not had a bowel movement. If you still have had no results after three days, take four Dulcolax tablets by mouth at one time. If this does not work within 12 hours, call your surgeon.

Follow-Up

- Make an appointment for a follow up in **4-6 weeks** if your symptoms have not improved.
- For appointments call Sonia Berry at 619-471-9640.
- The Colon and Rectal surgical team includes Dr. Sonia Ramamoorthy, Dr. Bard Cosman and Barbara Andrews, Nurse Practitioner.
- For medical questions or prescription refills, please call Barbara Andrews, NP at 619-543-3523.