Anal fissure
Fissura ani

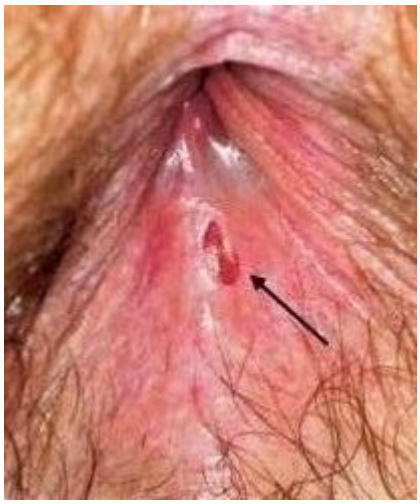
In this brochure, we provide information about anal fissures (fissura ani) and the treatment options. This text serves as an addition to the information given to you by your specialist.

What is an anal fissure?

A fissura ani is a fissure or tear in your anus. In most cases, this will be located in the middle on the rear side of your anus, though in some cases, it may occur on the top side. An anal fissure may lead to symptoms in the form of sharp pain during and/or after passing stool. Some light bleeding may also occur.

Often, two problems play a role in the formation of an anal fissure and its failure to heal: excessive tension in the sphincter, and stool that is too solid. Patients can end up in a vicious cycle as a result.

The excessive tension in the sphincter (a type of cramp) will distort the blood supply to the anus, and the fissure will struggle to heal as a result.



Fissura ani

While passing stool — especially if that stool is too hard — the fissure will tear open time and time again, meaning it won't get a chance to heal. As a fissure can be extremely painful, people often delay going to the toilet, even though their stool will get even harder as a result.

Appointment

If you are struggling with an anal fissure, you can make an appointment or be referred for a proctology consultation. Proctology consultations focus especially on anal problems and take place at our Eindhoven location (first floor, route 111).

As a first step, the doctor will ask you about your symptoms, about any other conditions you may have, about any surgery you have had in the past and about the medication you are taking. It's a good idea to bring a list, if possible.

This conversation will be followed by a physical examination. During this examination, the doctor will take a look at your anal region. They will spread your anus to check if they can see the fissure. Next, they will use their finger to feel the inside of your anus and anal canal. This will also enable them to check how high the tension in your sphincter is.
Following this conversation and physical examination, it will usually be clear how we can help you.

Treatment

To treat an anal fissure, it is important to break the cycle of excessive sphincter tension and excessively solid stool causing the fissure to tear open time and time again.

Stool
Hard stools are caused by a diet that is lacking in fibre, among other things. Fibre matters because it cannot be digested, but it does hold moisture, keeping your stool soft and pliable. Another major cause of hard stools is a lack of fluid intake, as when we fail to drink enough, the contents of our bowels dry out. Finally, a lack of sufficient physical exercise (due to a sedentary job, for example) may also lead to more solid stool. To ensure you can pass stool easily, you should bear in mind the following:

- High-fibre foods
  Eat at least 200 grams of vegetables, two pieces of fruit, around six slices of wholegrain bread and 200 grams of potatoes/wholegrain pasta or rice/legumes every day.
- Water
  Drink one and a half to two litres of water every day (on top of everything else you consume). Avoid drinking too much coffee and too many soft drinks.
- Exercise
  Aim for half an hour of moderately intensive exercise every day.

If, despite the advice above, you struggle to get your stool to soften, the doctor may prescribe a laxative.

Relaxing your sphincter
You can lower the excessive tension in your sphincter by applying a cream or through surgery.

- Ointment
  The ointment the doctor prescribes for anal fissures is a medicine that dilates your blood vessels and needs to be applied around and inside your anus twice daily. The ointment will improve your blood flow, enabling the fissure to heal better. On top of that, the ointment will relax your sphincter. Some patients may experience headaches when they start using this medicine. This side effect will clear up after a few days.

You will need to keep up this treatment for two to three months before we can assess the final result.
A pain relief cream will also be prescribed to reduce the amount of pain when you pass stool.

- Surgery
  When softer stool and the ointment do not have the desired effect and you are still experiencing problems because of your fissure, surgery may be considered. At Máxima MC, we carry out two types of procedure to treat anal fissures: botulinum toxin type A injections (better known as Botox® or Dysport®), combined with cleaning the fissure if necessary.

Botulinum toxin type A injection and/or cleaning the fissure
In cases where an anal fissure is struggling to heal, the doctor may administer a local injection of botulinum toxin type A into the internal sphincter as a surgical procedure. This injection is used to temporarily paralyse muscles (for around two months). Your recurring anal fissure will get more of a chance to heal over the course of this period. You will retain your sphincter function, so you can simply hold your stool as usual. If you've had a fissure for some time, the doctor may decide to surgically clean the fissure on top of the botulinum toxin type A injection.
The procedure will take place at the outpatient clinic in Eindhoven: you'll need to come into the hospital in the morning, and you can leave later the same day.

Preparation
- After your outpatient clinic visit, you will receive a registration confirmation from the POS (preoperative consultation) by email (Medify) or, if that's not possible, by letter. You will then be contacted to complete the questionnaire and make further arrangements. This can be done digitally or by phone with a POS nurse and the pharmacy (if you are taking medication).
- Any blood-thinning medication the thrombosis clinic has prescribed (Acenocoumarol, Sintrom or Sintrommitis and Phenprocoumon or Marcoumar) will need to be stopped five days prior to your treatment. Your INR must be lower than 1.8. Please make the necessary arrangements with the thrombosis clinic in this regard.
  Ticagrelor, Plavix and Persantin must be stopped seven days prior to your treatment.
  You can continue to take acetylsalicylic acid, Aspirin, Ascal or Acetosal as normal.
  In some cases, you will need to consult with the doctor who has prescribed your blood-thinners when you stop taking this medication.
- Depending on the time of your surgery, you'll need to come into the hospital on an empty stomach. Any essential medication can be taken as normal with a sip of water. Diuretic medication is the exception to this rule; do not take these tablets prior to the procedure, but take them afterwards instead.
- Your doctor may have prescribed Movicolon. This is a medicine that will make passing stool a little easier. Simply follow the advice provided by your doctor in this regard.

The surgical procedure

- In consultation with the anaesthetist, you will agree whether the procedure is to be performed under a general anaesthetic or under an epidural. Once the anaesthetic has been administered, you will be asked to lay on your back with your legs in leg supports.
- During the treatment, the doctor will insert an optical tube (proctoscope) into your anus. First, they will assess the fissure. If necessary, they will clean the fissure. No stitches will be applied to the wound. Next, they will locate your internal sphincter, following which they will inject Botulinum toxin type A in two places.
- Following the procedure, the surgeon may in some cases leave a dissolvable tampon to stem any bleeding.

The surgical procedure will take around 20 minutes.

Possible complications

As with all surgery, this procedure involves a risk of thrombosis, wound infection or post-operative bleeding.

Post-operative care

- You do not need to remove the tampon; it will dislodge itself the first time you pass stool.
- If the doctor has cleaned your fissure, for the first few days, you will need to rinse your anal region with water two or three times daily (especially after going to the toilet), in the shower, for example.
- You will be prescribed painkillers and laxatives if necessary.
- After your treatment, you can restart your blood-thinning and diuretic medication, unless the doctor has agreed otherwise with you.
- Botulinum toxin type A will only reach its maximum effect after two weeks. After two months, it will gradually start to lose its effect. Your fissure will get the chance to heal over the course of the period in between.
- You will need to come for a checkup two weeks after your surgery.

When you are discharged from the hospital, you will be given additional advice and instructions to follow at home.

More information

If you have any questions or would like to schedule an appointment, feel free to contact the Surgery outpatient clinic on telephone number +31 40 888 85 50 between 08:30 and 17:00 on working days.

Source: Association of Surgeons of the Netherlands