



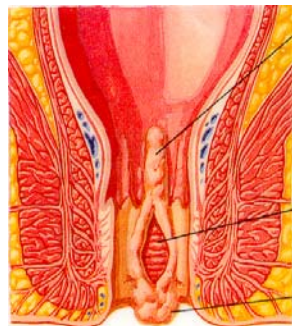
## Anal Fissure

Anal fissure is a tear in the skin of the anus, the opening through which the bowel movements pass to the outside. This tear most often is caused by a large, hard bowel movement as it passes through the anus. There are other causes of anal fissure, but they do not apply to you.

## Common Signs and Symptoms

At the beginning, there is a little burning and some pain in the anus while having a bowel movement.

- With repeated tearing, the pain during and for a short while after the bowel movement can be very severe. Some describe it as like a “hot poker.”
- There may be bright red blood on the toilet tissue, on the surface of the stool, or in the toilet bowl.
- Persons with an anal fissure often become afraid of the pain that will follow a bowel movement, so they tend to hold back the bowel movement. This lets the stool become dry and even harder; as it finally passes, it reopens the fissure.



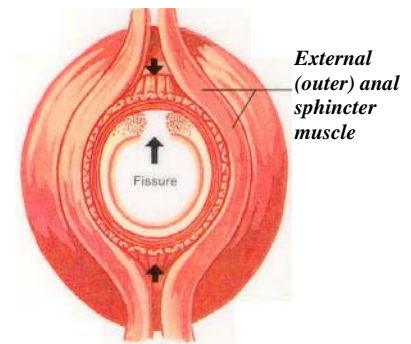
*Excess tissue from chronic fissure*

*Exposed sphincter muscle within fissure*

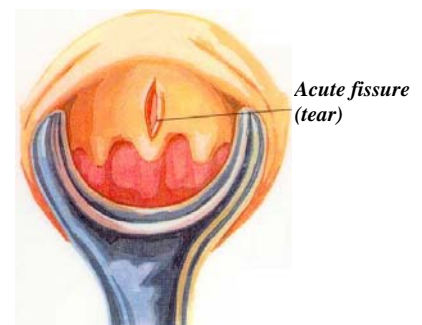
*Swollen skin tag from chronic fissure*

## Diagnosis

- Anyone with the above signs and symptoms should be checked for an anal fissure.
- Usually, the diagnosis can be made by taking a detailed history and doing a thorough physical examination of the area.
- Often careful separation of the buttocks will show the lower part of the fissure. It is usually located on the back side of the anus. Sometimes there is a small tag of scar tissue at the lower end of the fissure.
- A gentle anal-rectal examination is performed, and may reproduce the pain when the fissure is touched.
- Anoscopy: This is done with a hollow instrument approximately the size of your thumb (called an anoscope). You will lie on your side on the examining table as the lubricated anoscope is gently inserted into the anus and the area examined.



*External (outer) anal sphincter muscle*



*Acute fissure (tear)*



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### Treatment

About one third of anal fissures will heal if the following are used:

- A diet that has enough roughage and plenty of liquids in it so that the stools are soft.
- Stool softener (example: colace, a form of fiber) or a mild laxative (example: milk of magnesia), if necessary.
- Tub baths: This involves sitting in a bathtub filled with enough warm (not hot) water and a ½ cup of Epsom salts to cover your anal area for 15 minutes three times a day and, if possible, after each bowel movement.
- If the fissure does not respond to the above treatment after a month or so, then an operation can be done to help the fissure heal.

### Home Care

- Take pain medication as prescribed.
- Avoid constipation or constipating foods such as cheeses, meats, starches, etc.
- Avoid alcoholic beverages, spicy foods, and fatty foods.
- Avoid nuts, seeds, and kernel corn.
- Increase fluid intake with juices or water.
- Avoid straining to have a bowel movement. Wait until there is a natural urge but don't delay nce the urge occurs.
- Do not rub, itch, or heavily wash rectal area. Keep area clean and dry.
- Begin the high fiber diet provided to you.
- Soak in a tub full of very warm (not burning hot) water mixed with ½ cup of Epsom Salts.
- Carefully dry the rectal area with a patting towel motion or a hair dryer set on low or warm.
- Apply medication to outside and inside rectum three times daily and after each bowel movement using Analpram HC 1% or 2.5% or Nupercainal Ointment.