

ANAL FISSURE



This leaflet is produced by the Department of Colorectal Surgery at Beaumont Hospital supported by an unrestricted grant to *better Beaumont* from the Beaumont Hospital Cancer Research and Development Trust.

This information leaflet has been designed to give you general guidelines and advice regarding your surgery. Not all of this information may be relevant to your circumstances. Please discuss any queries with your doctor or nurse.

YOUR TREATMENT EXPLAINED



Introduction

This leaflet has been designed to help you understand what to expect when you are having a procedure to treat an anal fissure. This is usually carried out as a day case procedure. You will come to the Day ward on the morning of your procedure. You will usually be able to go home the same day once you have recovered from your anaesthetic.

An anal fissure is a small crack or tear of the skin around the back passage. The tear is usually very small but can be extremely painful. A fissure may also result in small amounts of bright red bleeding from your back passage. The cause of an anal fissure is usually from being constipated resulting in straining to pass a bowel motion. Usually an anal fissure will heal within 1-2 weeks without any treatment although it can take longer. Your doctor may suggest an E.U.A. of your rectum (back passage) to assess and treat the fissure.

A EUA is an examination under anaesthetic. You may need a general anaesthetic to allow your doctor examine your back passage as it may be too uncomfortable to do so in the outpatient clinic without sedation or a general anaesthetic.

The aim of treating the fissure is to relax the muscle around the back passage to allow the tear to heal.

This can be achieved by

- Giving an injection of Botox (botulinum toxin) into the anal sphincter muscle.
- Making a small cut in the muscle around the anus (internal sphincterotomy). This permanently reduces the tone around the back passage to allow the fissure to heal. This procedure is only recommended for certain patients.

There is a risk following these procedures of poor control of wind or leakage from the back passage. In the case of Botox this is transient and wears off after 3 months. If a sphincterotomy is performed the problem may be more permanent.

How do you prepare for this procedure?

You will have a discussion with your doctor regarding your procedure. The procedure will be fully explained to you. You may attend the day ward for pre-assessment prior to coming into hospital for your procedure. A number of tests may be performed to ensure you are medically fit for an anaesthetic eg. Blood tests, chest x-ray, ECG (tracing of your heart). You will be admitted to the hospital on the day of your procedure, where you will meet a doctor and a nurse who will prepare you for theatre. From there you will be brought to theatre, where you will meet the theatre staff and your anaesthetist. Please leave all valuables at home and arrange to have anything you need brought to you later in the day. Once you have recovered from the anaesthetic and have tolerated diet you should be able to leave the hospital on the same day.

What happens after theatre?

Immediately after your procedure you will be brought into a recovery room attached to the theatre. You will be monitored closely by the nursing staff until you are ready to be brought to the ward. On return to the ward you may feel quite sleepy following the anaesthetic. The nurses on the ward will help you feel comfortable and regularly check on you.

You will have a small plastic tube (cannula) in one of the veins of your arm to give you fluids. This will be removed once you are drinking enough oral fluids. You may experience some nausea (sickness) or potentially vomit. This can be caused by the anaesthetic agents or drugs used in the operation. You will be given some anti-sickness medicine if needed.

You may eat and drink as soon as you like after your procedure. Once you are tolerating oral fluids and diet and you have passed urine you may be fit for discharge home. You will need to be accompanied home and be in the care of a responsible adult for 24 hours following your anaesthetic.

What happens after you go home?

You will need to take pain killing tablets for two to three days following this procedure. You may be prescribed a laxative medicine to help you pass bowel movements easily to avoid constipation. These measures will all help the fissure to heal.

If you have had an internal sphincterotomy any stitches used will be dissolvable which means they will not need to be removed. It is important to keep the area around your back passage clean and dry.

Complications

- Excessive pain which cannot be controlled by over the counter painkillers.
- Continuous or excessive bleeding.
- Possible infection - symptoms of which are high temperature, feeling unwell, an increase in pain or discharge, redness or swelling of the area.
- Constipation for more than 3 days despite using a laxative.

If you experience any of these symptoms contact your G.P. or the Day Ward.

Follow-up – you will usually be seen back in the out patient department after 6 weeks, you may be brought back sooner if needed. This appointment will be arranged for you.

Day ward ph. 8092826/ 8092984 (Mon/Fri 8am-6pm)

After hours, ring 809300 0- Ask for a member of your team or the General Surgical SHO on call.

1st Publication Date: Sept 2016

Review Date: Sept 2017

