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ANAL FISSURE - PATIENT INFORMATION

WHAT IS AN ANAL FISSURE?

An anal fissure is a tear in the lining of the anal canal. It usually causes a sharp, tearing sensation when having a bowel motion. The underlying anal sphincter then goes into spasm, which causes a deeper, often severe pressure or throbbing sensation which can last minutes to hours. The anal spasm is thought to prevent blood flow to the healing wound, thus the anal fissure may not heal on its own.

An acute fissure (present for less than 2-6 weeks) may improve with increased fluid and fibre intake, warm baths, and topical Rectogesic or Diltiazem cream. Other over the counter ointments may provide symptomatic relief, but are not recommended – they contain steroids which may prevent healing.

A fissure that is present longer than six weeks, or one that recurs, is considered a 'chronic anal fissure'. This will not usually respond to topical creams and requires the injection of botox into the anal sphincter, or a small cut in the sphincter (called a lateral internal sphincterotomy) to relieve the pressure.

PREPARATION

In the days leading up to your anal fissure surgery, a normal diet is taken. Solids need to cease at least 6 hours prior to your procedure, and clear fluids to stop at least 2 hours before hospital arrival. No bowel prep is required.

If you already take stool softeners or laxatives, then continue these. If you tend to be constipation, you can start a gentle stool softener 3 days or more before your surgery (this is not essential). Generally, MOVICOL (one sachet daily) is suggested and is available over the pharmacy counter.

If you can tolerate, the nurses will attempt to administer an enema on arrival to the hospital. This is not typically painful, and will be abandoned if you are too sore.

THE OPERATION

The procedure is performed under a general anaesthetic administered by the specialist anaesthetist. Dr Morris will also use local anaesthetic to try to numb the area for up to 24 hours after your surgery (called a pudendal nerve block). The procedure may take up to 30-45 minutes.

A thorough examination may not have been possible in the clinic due to the painful fissure. The first step is an 'examination under anaesthesia', to confirm the diagnosis, and make note of any other findings.

The fissure is gently debrided, removing tags and chronic scarring – we aim to return the fissure to a 'fresh' wound so that it can then heal.

If you are having botox, 30-50 units of botox are injected into the internal anal sphincter on each side. The effects of the botox become evident by 5-7 days, and last 2-3 months.

If you are having a lateral internal sphincterotomy, a small incision is made next to the anus on the left hand side. A small incision is made in the lower part of the internal anal sphincter to release band of tension. The wound is closed very loosely, usually with a single stitch. This allows the drainage of any fluid or blood to occur whilst the wound is healing. The stitch will dissolve in time, and does not need removal.

A soft pack is placed in the anal canal, you may notice this when you pass your first bowel motion, and is normal. It will appear soft, squishy and perhaps blood stained.

RECOVERY

PAIN

Anal fissure surgery is not typically too painful, but the removal of associated skin tags, and freshening the wound may exacerbate symptoms, particularly in the first 1-2 weeks.

MEDICATIONS

- Pain relief medication will be arranged at discharge. Take as directed and heed any warnings on the packaging. Feel free to obtain and commence movicol beforehand, and use your own Paracetamol/Nurofen.
- You may only need stronger pain relief for the first few days, and you can stop these as soon as possible to avoid constipation.
- You can resume all your normal medications including aspirin; but please discuss restarting any other blood-thinning medications. Any diabetic medications should have been discussed prior to your operation.

Your anaesthetist will advise on your discharge pain relief, but will otherwise be similar to:

- **PARACETAMOL (Panadol):** 1000mg (two tablets) four times a day. Start this early and take it regularly. Do not wait until you have pain.
- **IBUPROFEN (Nurofen):** 400mg (two tablets) three times a day with food. Take this alongside the paracetamol. They both work in different ways and have additive pain relief effects.
- **ENDONE:** Take as prescribed by your anaesthetist. Endone is typically a 5mg tablet, with a half to one tablet taken every 3-4 hours as required.

ADJUNCTIVE MEASURES

Take a warm bath or shower two to three times a day, particularly after a bowel motion. This bath does not require salt or any additives. This will help relieve any spasm and help soothe the anal area.

SWELLING/TAGS/HAEMORRHOIDS

Swelling and inflammation around the anal fissure or sphincterotomy site is normal. There may be a sensation of a new lump, prolapse, tag or even haemorrhoid. This is usually the adjacent skin which has become swollen and inflamed. Regardless of its appearance, it is important to allow 6-8 weeks for the swelling to subside and healing to complete – most swellings improve on their own.

BLEEDING

It is expected that you will have some bleeding, particularly with bowel movements and this may continue for up to a month after surgery as the fragile wound attempts to heal. There may also be some mucus discharge for a few weeks while the area is healing, this is normal. You may find it helpful to wear a sanitary pad in your underwear. There should be no other use of wound dressings or the application of topical creams aside from what is prescribed and discussed with Dr Morris. Most creams have components that will only delay healing (e.g. steroids).

DIFFICULTY PASSING WATER (URINE RETENTION)

This is a relatively common problem, particularly in men. If you experience difficulty in passing water, ensure you take your pain medication and try passing urine warm bath or shower. If this occurs after discharge, then please contact us or present to the Emergency Centre – you may require the temporary insertion of a bladder catheter.

AVOID CONSTIPATION

We are aiming for regular, soft, formed bowel movements. Take Movicol daily or twice daily as you need. You should immediately return to a normal diet with adequate fibre (e.g. fruit, vegetables, whole grains) with adequate water intake. If stools are excessively loose, please reduce or stop your laxative. You are able to safely increase or decrease the Movicol as you require. This can continue until your bowel motions are regular, softly formed and comfortable.

OTHER

- Fissure healing will be assessed at your 6-8 week review. Healing after lateral sphincterotomy is approximately 95%. Healing after the injection of botox is approximately 60-70%. Rectogesic may be added at this time if the fissure has not completely healed, with further time allowed for healing and inspection at the 12 week mark.
- Altered continence (control) *may* occur after botox in up to 20%, and in up to 5% after sphincterotomy. This is usually minor, and you may have to pass a bowel motion a little more hurriedly than previously. You *may* have less control of your wind. Losing complete control of your faeces would be very uncommon unless there were preexisting concerns. Any adverse effects should improve as the botox wears off.
- If you are discharged the day of or the day after surgery it may take 24 hours or more to recover from the anaesthetic. During this time you should not drive a vehicle, operate machinery or power tools, consume alcohol or make any major decisions. A responsible person should remain with you during this time.

ACTIVITY

- There are no restrictions on your normal daily activities, but excessive or strenuous activities should be avoided for 2-3 weeks and until you are comfortable.
- Continue with deep breathing, coughing and leg exercises as instructed in hospital and wear the anti-thrombosis stockings (if you were fitted) until you have returned to your normal level of activity.
- You may find that you tire easily initially and that an afternoon rest is required. Be sensible, listen to your body.
- You may drive when you feel comfortable and without any restriction from either pain, discomfort or medication side effects.
- Activities such as sex and working behind a desk can resume as soon as you are comfortable. Most people allow for one to two weeks off work.

BOWEL MOVEMENTS

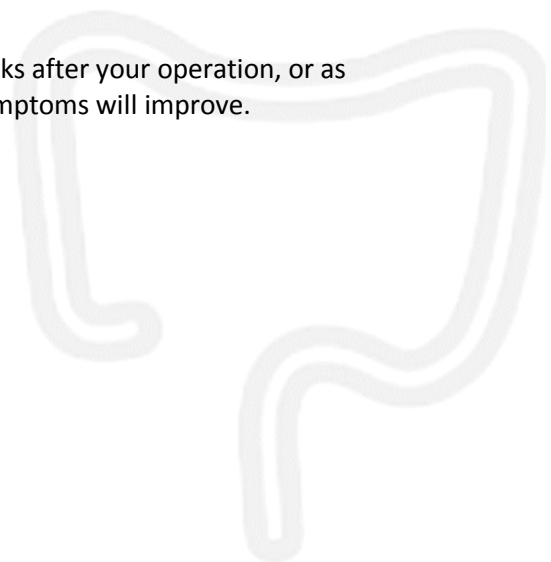
- You may pass a soft pack with your first bowel movement. This may look like slime or a blood clot, and is normal.
- Try not to strain during bowel movements and keep toilet visits as brief as possible. The anal canal may swell and send false signals that you need to defecate. Straining and prolonged time on the toilet will worsen this swelling and inflammation.
- Continue with Movicol as long as needed.

DIET

- There is no restriction to your diet – a well-balanced, high fibre diet and adequate fluid intake (i.e. 6 – 8 glasses of water a day) is very important. Please consider the addition of a fibre supplement to your diet long-term. Popular versions include Metamucil or Benefibre.
- You may find that you can return to this diet very quickly, or you may feel like smaller, lighter meals initially. Be sensible and be guided by how you feel and your appetite.

FOLLOW UP

Please make sure you have an appointment with your doctor 6-8 weeks after your operation, or as directed. The first two weeks can be particularly difficult, but your symptoms will improve.



PLEASE CONTACT THE ROOMS, YOUR GENERAL PRACTITIONER OR ATTEND THE EMERGENCY CENTRE IN THE UNLIKELY EVENT YOU EXPERIENCE ANY OF THE FOLLOWING:

- Prolonged or profuse bleeding the passage of clots, please go direct to a hospital facility with an emergency department. Try and apply firm pressure to the area.
- Inability to pass urine within 12 hours if you went home on the same day as your operation. If unable to contact your doctor please go to your nearest hospital with an emergency department.
- You experience nausea and vomiting which does not settle/persists beyond 4-6 hours.
- You experience fever or chills and sweating.
- You have a temperature above 38° C.
- Worsening or spreading anal pain.
- Anal discharge is increasing, purulent and offensive.

