

# ANAL FISSURES

## First, some digestive anatomy.

It's hard to believe, but the average digestive tract is almost 30 feet long. The *esophagus* carries food down into the *stomach* sac, where the food is broken down by powerful stomach acid. Then, the partially digested food enters the 20-foot long *small intestine*, enabling the absorption of nutrients into your bloodstream. The remaining waste enters the *colon*, or large intestine, where excess water is recycled into your body. The waste is then compacted into a stool to be eliminated when convenient. The last 6 inches of the large intestine is called the *rectum*. In the last inch of the *rectum*, there is a valve-like sphincter called the *anus*. The delicate inner lining of the anus is called the *anal mucosa*.

## What is an anal fissure?

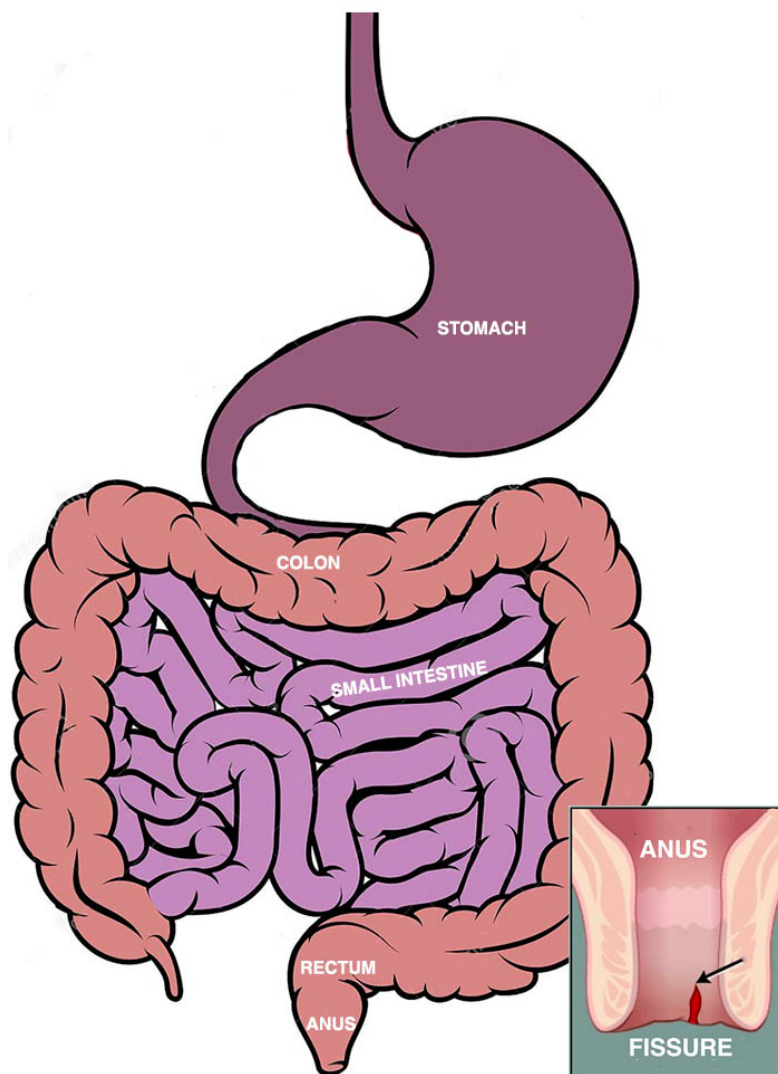
An anal fissure is NOT a hemorrhoid. An anal fissure is a small tear in the delicate anal mucosa. Like a small paper cut on your hand that may bleed and cause pain, an anal fissure may cause severe pain when having a bowel movement. You may notice bright red blood on toilet paper after you wipe. If you have this condition, you are not alone. In fact, it is quite common and does not discriminate on age or status. It can affect anyone from any background and is an important reason to consult a gastroenterologist.

## What causes an anal fissure?

The most common cause is constipation and straining during a bowel movement that is larger than the anal opening. If the stool is hard and too large to pass through the anal opening, it may tear the anus as it is forced out. A softer stool can change its shape to fit through the anal opening. This tear is called an anal fissure.

## How does your doctor know?

Many people with anorectal symptoms are embarrassed and avoid seeing their doctor until the condition has become severe. You must see your doctor to remedy the problem. Diagnosis is based on your doctor's experience, evaluation of your symptoms and a physical examination, sometimes using specialized equipment. In some cases, a colonoscopy examination may also be appropriate to exclude other possible diagnoses such as hemorrhoids, colon polyp, anal or colorectal cancer, and different forms of colitis. An accurate diagnosis is the first step in successful treatment.



## Can an anal fissure cause anal or colorectal cancer?

No. Although an anal fissure may be painful, it is not serious. Anal fissures do not lead to anal or colorectal cancer or other serious illnesses. However, if you have blood mixed in with the stool, talk to your doctor. It may be more serious.

## Treatment

The goal of treatment is to relieve your pain and heal the torn lining. To speed up the healing process, your doctor may prescribe medicine. Acute anal fissures, which don't last longer than six weeks, are common and usually heal with medication and self-care. Chronic anal fissures -- those that last longer than six weeks -- may be more difficult to heal. In rare cases, surgery may be needed.

## How to care for an anal fissure at home

### Avoid constipation

Include foods high in fiber, such as fruits, vegetables, beans, and whole grains in your diet each day. Your goal should be to get 20 to 35 grams of fiber every day. You can gradually increase the amount of fiber you eat by having more:

- \* Wheat bran
- \* Oat bran
- \* Whole grains, including brown rice, oatmeal, and whole-grain pasta, cereals, and bread
- \* Peas and beans
- \* Citrus fruits
- \* Prunes and prune juice

### Stay hydrated

Drink plenty of caffeine-free fluids throughout the day. (Too much alcohol and caffeine can lead to dehydration.) *Drink plenty of water – at least FOUR 8-ounce glasses every day.* (If you have kidney, heart, or liver disease and must limit fluids, talk with your doctor before increasing the amount of fluids you drink.)

Exercise every day. Build up slowly. Even a daily walk can be helpful.

Take a fiber supplement, such as Benefiber, or Metamucil, every day if needed. Read and follow all instructions on the label. Take a stool softener such as Miralax. You must drink plenty of water daily for these to be effective.

### Try our “fiber mix” combination

Many of our patients suffering from constipation and anal fissures have benefited by taking a unique and effective fiber mix combination that we have recommended for many years. This is simply a combination of the two over-the-counter fiber supplements and the stool softener mentioned above - in the correct proportions combined with a minimum of 4 glasses of water daily. (See below)

## FIBER MIX

Mix:

- 1 cup of Smooth Texture **Metamucil**
- 2 cups of **Benefiber** (or less expensive generic brands like Costco's Optofiber)
- 1 cup of **Miralax** (or less expensive generic brands like Costco's Laxaclear)

Mix thoroughly and store in a clean, dry Tupperware-like container

Take 2 heaping TBSP of this mixture in 8 oz of water around the same time every day

Be sure to drink a minimum of 32 ounces of water every day for this to be effective

Don't ignore the urge to use the toilet. Putting off bowel movements can lead to constipation; stools may become harder to pass, causing pain and tearing.

If possible, schedule a time each day for a bowel movement. A daily routine may help. Do not strain when having a bowel movement. Take your time, but do not sit on the toilet for too long. This can increase pressure in the anal canal.

Support your feet with a small step stool while sitting on the toilet. This helps flex your hips and positions your pelvis in a squatting posture. A helpful device is the Squatty Potty™ which is available online.

Try a Sitz Bath. Sit in 3 to 4 inches of warm water (sitz bath) 3 times a day and after bowel movements. The warm water helps the area heal and eases discomfort. Do not add anything to the water.

Use an extra soft toilet tissue to clean after a bowel movement. Instead of toilet paper, try using unscented baby wipes or medicated pads, such as Preparation H or Tucks, to clean after a bowel movement. These products do not irritate the anus.

## **Medications for Treating Anal Fissures**

Most patients whom we see with this problem have severe pain and benefit from prescription medication.

Nitroglycerine ointment: Your doctor may prescribe one of these to help raise blood flow to the anal canal and sphincter, which allows fissures to get better faster. Some side effects may include headaches, dizziness, and low blood pressure. Nitroglycerine ointment should not be used within 24 hours of taking erectile dysfunction medicines like sildenafil (Viagra), tadalafil (Cialis), or vardenafil (Levitra). *We have a local pharmacy premix a compound of low dose nitroglycerine cream with lidocaine, a numbing agent to help reduce pain.*

Calcium channel blockers. When Nitroglycerine ointment is contraindicated, a different class of drugs called calcium channel blockers may be prescribed. These are blood pressure-lowering medications. Some of the topical ones can treat anal fissures, too. Side effects may include headaches.

## **Surgery for anal fissures**

You probably won't need surgery for anal fissures unless other forms of treatment haven't worked. The surgery, called a lateral internal sphincterotomy (LIS), involves making a small cut in the anal sphincter muscle. It can reduce pain and pressure, allowing the fissure to heal. However, surgery comes with many risks, including permanent fecal incontinence, and does not guarantee a satisfactory outcome. If surgery is your only option, be sure to consult with a Colorectal Surgeon specialist.

## **Prevent a recurrence.**

Anal fissures have a high recurrence rate. All it takes is one especially hard bowel movement, and the anal tissue may rip open again, and you are "back to square one". By maintaining lifelong healthy bowel habits, you can reduce the risk of recurrence.

## **Be patient, and don't get discouraged.**

Healing of an anal issue may take several months. Be patient and stick with the program. Try to avoid surgery.

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