

## ANAL FISSURE

### Patient Information Leaflet

### ANAL FISSURE

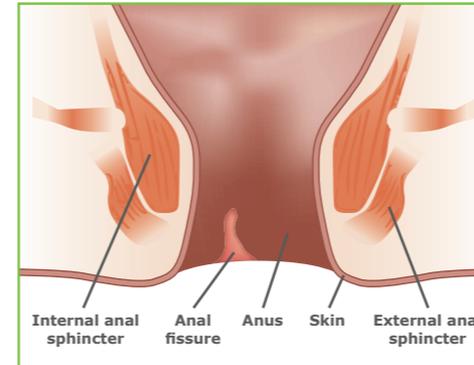
You have been advised by your Consultant that you should undergo surgery. The following information will help you make an informed decision in agreeing to the surgery. It is important that you read the information fully.

An anal fissure is a tear in the skin around the back passage. It is a common problem that can cause severe pain, especially after a bowel movement. It may also cause bleeding.

The condition is associated with spasm of the internal anal sphincter. This reduces the blood supply to the area and prevents healing. The treatment is aimed at breaking this cycle, to allow healing to take place.

Surgery is effective at treating an anal fissure but is usually recommended to people who fail to get better with non-surgical treatments.

Alternative treatments to surgery which may help include laxatives, ointments, injections of botulinum toxin, eating more fibre and drinking more fluid. The first treatment for anal fissures is to use an ointment to relax the sphincter muscle, reducing spasm and easing the pain, and allowing the fissure to heal. Some people however, may find applying the cream inconvenient or embarrassing, and a few can get headaches, sometimes so severe that it prevents them from using it.



### Chemical Sphincterotomy/Botulinum Toxin injection (Botox)

Administering Botulinum toxin (BOTOX) injection into the anal sphincter muscle, relaxes the muscle sufficiently to prevent spasm and pain, allowing the fissure to heal. The procedure is performed under a brief general anaesthetic, as a day case.

The procedure has very few side effects but can include temporary incontinence, wind or faeces, for up to three months. The main advantage of BOTOX injection is the avoidance of lateral sphincterotomy surgery, which is permanent division of part of the anal sphincter muscle; a procedure that has a minor risk of permanent incontinence. The majority of patients get better with injection of Botox. Very rarely, some patients may need a repeat procedure, two to three months later.

### Lateral Sphincterotomy

Sphincterotomy simply means dividing the sphincter. The operation is performed under a general anaesthetic. You should be able to go home the same day.

Your surgeon will make a small cut in the skin near your back passage. They will then cut the lower part of the internal sphincter muscle. This will relieve the spasm in the sphincter, allowing a better blood supply to heal the fissure. The procedure may be done under ultrasound control to ensure that only a portion of the muscle is divided, leaving the higher muscle intact. Cutting the sphincter is a permanent effect, and one of the risks of the procedure may be that the muscle has reduced power. A few patients may therefore be at risk of a lack of control, manifesting itself as the inability to hold onto wind, or some seepage of faeces (incontinence).

This risk means that this procedure is often left as a 'last resort', although it does have the highest chance of permanently curing the fissure. By targeting the incision using ultrasound, we aim to minimise this uncommon, but potentially serious, risk.

## Potential risks and complications

Any bowel surgery is associated with certain risks including complications related to general anaesthetic; bleeding, chest infection, infection, recurrence, deep vein thrombosis and pulmonary embolus. The risk of any operation is determined, in part, by the nature of the operation. An individual's general health and other medical conditions are also factors that affect the risk of any operation. Your consultant will have discussed your individual risk for any operation with you at your consultation. Anal fissure specific potential complications can include, difficulty passing urine, passing wind or loose faeces involuntarily and incontinence from the bowel.

## On Discharge from the Hampshire Clinic

You should rest for the first few days, walking as little as possible, to help the wound to heal. The wound often takes several weeks to heal completely and you may need to wear a pad until then. Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Recovery from surgery is very individual, some people experience a lot of pain and swelling and others may experience very little. You will be advised to take analgesia (painkillers) as needed and you may need to take a mild laxative, as it is important to avoid constipation.

Any pain from the fissure should improve rapidly. It is usually possible to return to work after a few days depending on your type of work.

In the unlikely event that you should experience severe abdominal pain or excessive bleeding, please contact the nurses on the ward at the Hampshire Clinic, your consultant secretary, GP or attend the Accident and Emergency Department immediately, for assessment. Please inform them that you have recently had surgery.

Hampshire Clinic: 01256 357111

## Summary

An anal fissure is a common condition that causes a lot of pain. At first, it may be treated with ointments or botulinum toxin. If this fails, surgery is the best option for a cure.

## Following Consultation

Following your consultation, it has been recommended that you undergo anal fissure surgery. You will be booked in for a date to come into the Hampshire Clinic and will be given information related to this admission. You will receive information in the post from the Hampshire Clinic related to your stay.

You will be contacted by the pre-admission nurses to discuss any routine pre-operative tests you may require. If you need pre-operative tests such as blood tests, x-ray, ECG, swabs etc, the nurses will organise a date prior to your admission, at a convenient time. Typically, this is in the week preceding your operation and this is an opportunity for you to ask any questions you may have or any concerns related to your hospital stay.

Please contact your insurance company with the dates, the expected length of your stay and details of your operation including the specific codes related to this, as advised by the secretary. You are advised at all times, to contact your insurance company prior to any admission, treatment, investigation or consultation to gain pre-authorisation from the insurance company. Your care and treatment with Basingstoke Colorectal is private and it is the responsibility of the patient to ensure insurance cover is authorised. If you require any assistance with this please contact us.

## Infection Control and prevention

Infections in hospital are worrying to everyone. We need your help to reduce the risk of infection. By working as a team, healthcare workers, patients and visitors can all make a difference. We can reduce the risk. Infection control is important to us all, at home and especially in hospital. We need to be more careful in hospital as patients are vulnerable. They are more vulnerable due to their illness, treatment, age or a combination of factors.

## Hand washing

The single most important way of reducing infection is by hand washing. Bacteria and viruses, which cause infections, can be carried by hands and passed person to person or from things to people.

Please clean your hands regularly. It is especially important:-

- After using the toilet or bathroom
- Before eating (both snacks and meals)
- Between entering and leaving any ward or department

You may use soap and water, or if your hands are visibly clean you may use alcohol gel instead. You will find alcohol gel throughout the Hampshire Clinic. Patients should feel they can ask a nurse or doctor if they have cleaned their hands before an examination.

## Advice

- If you are unwell, coughing or sneezing, cold or flu like symptoms, please cancel your admission.
- If you have diarrhoea or vomiting three days before admission, please contact the nursing staff.
- Do not walk about in bare feet, wear slippers or shoes.
- Use disposable flannels.
- Use liquid soap.
- Dressings on wounds and drip sites are designed to keep them clean and dry; do not touch them.

If you have any queries, please do not hesitate to contact us.

## ALL CORRESPONDENCE AND APPOINTMENTS

The Hampshire Clinic Basing Road Basingstoke Hampshire RG24 7AL  
T: 01256 354747 F: 01256 818005  
E: [info@basingstokecolorectal.co.uk](mailto:info@basingstokecolorectal.co.uk) W: [www.basingstokecolorectal.co.uk](http://www.basingstokecolorectal.co.uk)