



Suggestions for perianal care in patients with itching or irritation:

Itching (and sometimes pain, even intense pain) in the anal area is termed **pruritus ani** (proo-rii-tus a-ni) and is in essence adult onset diaper rash (usually without the diaper). It may be the primary symptom or the result of a condition that contributes to excessive moisture in the anal area. Itching is usually made worse by scratching, excessive cleaning, or overuse of steroid-containing topical treatments.

These suggestions below are for patients with perianal itching and other anal symptoms or conditions that can contribute to anal itching or discomfort:

- Perianal skin irritation
- Superficial bleeding (on underwear or tissue)
- Difficulty cleaning after a BM
- Prolapsing hemorrhoids
- Enlarged external hemorrhoids
- Discomfort after anorectal surgery
- Perianal burning or pain

Most perianal complaints are due to irritation of the skin immediately adjacent to the anus and in the non-air exposed region between the anus, coccyx, and genital organs. Hemorrhoids, while often blamed as the cause of irritation or pain, are only occasionally responsible. This irritation usually comes from a combination of excessive moisture, mechanical irritation, and chemical irritation. Addressing each of these components of irritation is necessary to provide complete relief.

If you have had symptoms for a long period of time, please remember that while relief is in sight, it will not happen overnight. If you've been irritated for months or longer, complete healing may take weeks to months. After following the treatment recommendations below; however, you should, however, begin feeling better in a matter of days to weeks.

Why does moisture injure your skin? Moisture breaks down your skin's natural oil barrier. Think of how vulnerable your skin is to injury after you've been soaking in a tub of water, washing dishes without gloves, or swimming for a long period of time. The *moisture* comes from sweat, excessive water in one's stool, incomplete cleaning after bowel movements, and seepage of liquid stool, or mucus from the anal canal throughout the day. *Mechanical irritation* from excessive or aggressive wiping and chaffing from walking, running, or exercise can also contribute. *Chemical irritation* is usually from excessive loose bowel movements, incomplete cleaning after bowel movements, and occasionally from acidic foods, spicy foods, or caffeine.



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Treatment Recommendations:

While some of these recommendations may seem tedious, please try them. They work! And, please give these recommendations a chance to work. They won't do so overnight so you have to give them a chance and be compliant for a minimum of a month.

The most important measure is taking a **fiber supplement** on a daily basis. It is difficult to consume enough fiber in a typical diet. Even if you feel you eat a very fiber-rich diet or are a vegetarian, daily ingestion of a fiber supplement is the best way to ensure that you are consuming the proper amount of fiber. A good fiber supplement will absorb water and will help you have soft, formed, daily bowel movements. Most patients find it's easier to clean after a bowel movement when taking a fiber supplement. A good fiber supplement is natural and you will not become dependent on it. A fiber supplement acts to:

- Promote regularity
- Help prevent diarrhea (it's not really a laxative)
- Help prevent constipation
- Reduce straining
- Reduce pain with defecation

There are many supplements and all can be purchased without a prescription. They are not covered by your insurance plan. The best supplement is *Konsyl*[®]. I strongly recommend this brand over other psyllium-based supplements (like Metamucil) as the latter have less fiber per dose. Psyllium can cause you to be a bit 'gassy'. The benefits far outweigh the downsides, so please try the *Konsyl*[®] first before switching to an alternative. 'Fiber pills' contain very little fiber and are completely ineffective.

Fiber works by increasing the water content of hard bowel movements, making them softer. Fiber helps 'glue' together hard and fragmented bowel movements. Fiber also absorbs excess water in loose or diarrheal BMs, and adds bulk. Even if you typically eat 'lots of fiber', a supplement can help since it's difficult to eat enough of the proper mix of soluble and insoluble fiber.

Fiber supplements are best consumed just before dinner: this typically promotes a soft and productive bowel movement each morning. The optimal dose of *Konsyl*[®] varies. Start with 2 teaspoons at once. You may require more if you continue to have trouble.

How to take *Konsyl*[®]:

1. Place the dose (usually 2 teaspoons) into the provided shaker cup. Fill to the line with briskly flowing tap water. Quickly apply the cup top, shake vigorously, and down it (chug). Then quickly fill the cup again, cover, shake and down again. Trying to slowly consume the *Konsyl*[®] will lead to a thick, gelatinous, unpalatable drink -- yuk!



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SURGEONS WHO LISTEN

Konsyl® does not have an unpleasant taste, but absorbs water rapidly and becomes a gel (that's why it works so well). I do not recommend mixing with fruit juice since rapid consumption is the key to success.

2. Rinse the shaker cup well as the dried *Konsyl*®gel will tend to cake on the sides.

Alternative Fiber Supplements (None of these are quite as effective as *Konsyl*®):

- Metamucil or any generic brand of psyllium
- Citrucel
- Benefiber
- Fibercon Tablets
- Metamucil Wafers

Avoid fiber capsules, as these hardly contain any useful fiber at all. For full treatment for a fissure you will need to consume 48 of these capsules a day.

*“The **Konsyl**® works great! It keeps me more regular than I’ve ever been.”*

.....Anonymous grateful patient.

Recommendations for cleaning after a bowel movement:

I strongly recommend using *Balneol*® for cleaning after a bowel movement. *Balneol*® is a non-prescription perianal cleanser that is often more soothing and can be purchased at most pharmacies. To reduce discomfort while cleaning after a bowel movement, spread a small amount of *Balneol*® on tissue paper and gently wipe the skin around your anus till clean. *Balneol*® may also be used as a soothing lotion between bowel movements and at bedtime.

Alternatively, you may use baby wipes. These are not quite as gentle as *Balneol*® and less environmentally safe.

Shower after your morning bowel movement, wash thoroughly but gently, and gently dry your perianal area. Once your perianal skin is mostly dry, use a hair dryer at a low heat setting to completely dry the area.



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Protect your skin:

Next apply a lotion, ointment, or powder to protect your perianal skin from moisture exposure throughout the day:

- Apply Calmoseptine®
- *Balneo*®
- Desitin
- or Non-medicated baby powder such as Johnson's Baby Powder®

Balneo® and Calmoseptine® can be purchased from a pharmacy (or ordered online from Amazon) and are non-prescription items. If your pharmacy does not stock Calmoseptine® or *Balneo*® then you can request it through the pharmacist or call/order it online from the company.

What about stool softeners, suppositories, and hydrocortisone?

Stools softeners (such as Colace or docusate sodium) are less effective than psyllium-based fiber supplements. If you are taking Konsyl® on a daily basis, they are not needed.

Suppositories don't typically work since the discomfort is from your perianal skin not your internal hemorrhoids.

Hydrocortisone either in the form of a cream or a suppository can provide temporary relief for anal perianal skin irritation. However, you can rapidly develop dependence to this steroid and over time it can weaken your perianal tissues making them more vulnerable to injury in the future. Furthermore steroid preparations usually provide only temporary relief, as they don't correct the forces that caused the irritation to develop in the first place. If used, hydrocortisone preparations should only be used for a week or two at a time.

What if I have blood mixed in with my stool or notice blood in the toilet water?

Bleeding on the toilet paper with wiping or on your underwear is usually from skin irritation, hemorrhoidal irritation, or excessive, vigorous wiping. Such bleeding will typically subside after your skin becomes less irritated and usually no further evaluation required. Once, however, there is blood streaking of the stool, blood mixed in the stool, or blood noted in the toilet water a further investigation is warranted. Once blood is seen in this manner, it is nearly impossible to determine the exact cause of bleeding. A colonoscopy is typically recommended to exclude conditions that may require additional treatments such as a polyp, mass, or colitis (irritation of the lining of the colon). Rarely are patients with bleeding found to have colon or rectal cancer, however, these serious conditions certainly must be excluded.