



Anal Fissure

An anal fissure is a 'cut' in the anal canal resulting from trauma. Most people suffering from an anal fissure experience pain during or after defecation (the act of moving one's bowels, a number 2). The pain caused by the passage of a BM can feel as if a piece of sharp glass is passing. Many people with a fissure fear her/his next bowel movement. The trauma that causes the fissure is often a hard bowel movement. The repetitive action of passing frequent loose stools or diarrhea can also cause a fissure. Most fissures will heal with the outlined 'conservative' treatment plan. Healing, however, can take awhile: weeks or even months. And, it is not uncommon for people to have occasional future flares. That is why it may be necessary to take precautions for months or even years, to prevent the recurrence of a painful fissure.

It is rare for people to have more than one fissure. A fissure usually occurs in the back middle or front middle of inside of the anal canal. This phenomenon is because the anus, like your eye or mouth is an ellipse. Cuts typically form at one corner of an ellipse. In the anus, 90% of fissures occur in the back middle (the posterior midline).

Treatment:

The basis of conservative treatment for an anal fissure is simple. *If you have soft, regular, bulky bowel movements, the fissure should heal.* How do I achieve that? A fiber supplement is the answer. 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.

You may also be prescribed an ointment containing nitroglycerin (NTG). NTG applied directly to the anus (spread a small amount around the anus and inside the anal canal, if you are able) helps the anal sphincter muscle relax, which, in turn, can provide some relief and assist with healing. Applying too much ointment can cause headache. If this occurs, wipe off the ointment, wait 30 minutes, and use less with the next application. NTG should not be used in pregnant women, women who may become pregnant, and in patients with sensitivities to nitroglycerin.

Treatment Plan:

1. Severe Fissure Symptoms:
 - a. Take 2 teaspoons of Konsyl twice a day (AM and around dinner time)
 - b. Drink an extra liter (4 typical glasses) of water a day
 - c. Apply NTG ointment 3 times a day
2. Moderate Fissure Symptoms:
 - a. Take 2 teaspoons of Konsyl around dinner time

If you have been instructed to take Konsyl twice a day and apply NTG ointment, and you begin to feel better you may stop the NTG ointment and take the Konsyl once a day. When taking a single daily dose of Konsyl (or any other fiber supplement) it's best taken just before dinnertime. This regime often produces a soft BM in the morning and promotes regularity. Please stick with the 2 teaspoons (or more) dose at 1 time in the supplied shaker cup. Follow with an additional full glass of water.

Your goal is to have 1 or 2 soft bulky BMs a day. If your BMs remain 'hard' you may need more fiber, more water, or likely both. Please increase the dose of fiber up to 2 tablespoons.

If your symptoms completely disappear, **DON'T STOP THE FIBER SUPPLEMENT!** All it takes is 1 hard or diarrheal BM and your fissure can come back. Please keep taking the supplement for several months.

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, swirl or shake (to dislodge the remaining fiber), and down again. Trying to slowly consume the Konsyl will lead to a thick, gelatinous, unpalatable drink --- yuk! 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.

FAQ’s:

Is it safe for me to take Konsyl forever? Yes. Konsyl is a natural product and is not really a laxative (despite what the container says on the back). It is safe to use daily.

What about stool softeners, laxatives, 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.

Laxatives (Miralax, Milk of Magnesia, Magnesium tablets.....) will result in diarrhea. Loose or diarrheal bowel movements are as irritating, possibly more so, than hard bowel movements and will often worsen your fissure.

Suppositories of any kind can potentially aggravate a fissure by providing more mechanical irritation.

Hydrocortisone either in the form of a cream or a suppository can provide temporary relief for a fissure or perianal skin irritation. However, you can rapidly develop dependence to this steroid and over time and 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 fissure to develop in the first place. If used, hydrocortisone preparations should only be used for a week or two at a time.

What about that tag? Is it a hemorrhoid?

Patients with a fissure may develop an inflammatory skin tag on the external rim of the cut called a 'sentinel pile'. This pile is not a hemorrhoid and will usually recede as the fissure heals. The pile is the result and not the cause of the pain. If the pile fails to go away after the fissure has healed, and is causing problems it can usually be removed in the office or with a small outpatient operative procedure.

Why is healing so slow?

An anal fissure would heal in matter of days if it were out in the clean, open air. An anal fissure, however, is in a moist, airless, bacterial-laden tunnel that gets stretched (reopening the cut) daily or more. The odds of healing are stacked against it. So you have to do all you can to encourage that fissure to heal.

Why bother with all this? Why not just have surgery and be done with it?

Surgery for an anal fissure is very effective. Approximately 90% of patients undergoing the operation for a fissure (called *lateral internal sphincterotomy* -- LIS) will feel better after a day or so and go on to heal the fissure. This success, however, can come with a price. The operation involves cutting a small portion of the internal anal sphincter muscle (one of two muscles giving you control of your bowel movements), which allows the anal canal to relax so that there is less tension on the fissure (you tense-up less when moving your bowels). With less tension on the cut, there is less pain, and this provides a better environment for your fissure to heal.

So what's the downside? There is a very small risk of infection, which can leak to a fistula (a tunnel under the surface). However, the more concerning risk is that of fecal incontinence (loss of the ability to hold onto your bowel movements). The risk of incontinence is low and, if it occurs, usually manifests itself as the loss of control of gas or occasional seepage of liquid.

Studies have demonstrated the risk of having a postoperative alteration of continence (AOC) to be 15%. However, some studies have shown this risk increases over time after surgery as one ages. For women, the risk of AOC increases after a vaginal delivery, and is potentially much higher for those who had prior fissure surgery.

So, while a LIS is very effective in relieving fissure symptoms and encouraging a fissure to heal, the operation may have lasting downsides. Nonetheless, for patients with long lasting, severely debilitating pain from a fissure, a LIS is an appropriate procedure and will generally relieve one's symptoms in a few days.