

ANAL FISSURES:

An introduction:

Anal fissures are a very painful condition of the anal canal – often confused by patients, and termed "haemorrhoids".

Because they are not nearly as common as haemorrhoids, there is often a delay in their diagnosis. However, by taking a history and examination, the diagnosis is usually easily confirmed.

There are several types of fissures (tears in the anal canal) – an acute one, or a recurring chronic one.

Both of these are usually associated with constipation and hard faeces or a change in the bowel habits can lead to these problems.

A different type of fissure altogether, is that associated with inflammatory bowel disease where there is often severe diarrhoea (Crohn's and ulcerative colitis). This type of fissure is more complex and difficult to treat.

The treatment of a typical anal fissure is aimed at preventing the cause (EG – Constipation), and relaxing the anal sphincters which go into spasm as a result of the severe pain. This leads to a vicious cycle of constipation, spasm and pain.

This is relieved by using bowel softeners, taken orally, and local applications. These reduce the swelling, relieve pain and facilitate the passage of the faeces.

There are newer agents which promote the healing of a fissure. These relieve the spasm in the sphincter muscles of the anus and promote the blood supply, which promotes healing.

Recent methods of treatment include Rectogesic, which is a blood vessel dilator. This increases blood flow to the area and promotes healing. The basic material in Rectogesic is Glyceryl Trinitrate, the same agent used in people who have heart pain – angina – to dilate the vessels.

Another agent is Nifedipine, which is taken orally. This is in a group of drugs called calcium channel blockers. These are used to treat high blood pressure. These work in anal fissures as they block nerves to the sphincters to relax the muscles and dilate the vessels to promote healing.

Botox, a substance commonly used in cosmetic procedures, works by blocking the nerve supply to the sphincters and thus relaxing them. This prevents the fissure tearing open every time a bowel action occurs, as there is less spasm. Botox also increases the vascularity and thus healing.

With these newer agents, a common problem is giddiness associated with a fall in the blood pressure as the vessels dilate. They may also cause headaches. However, with appropriate instructions, these problems are usually overcome. These treatments often

work, but not necessarily immediately. Fissures can recur. This all needs to be assessed before advising surgical intervention.

Each treatment has its own advantages and disadvantages and does not always cure the problem.

Thus, surgery is sometimes required and is usually successful.