

Anal Fissure - Topic Overview

What is an anal fissure?

An anal fissure is a tear in the lining of the lower rectum (anus) that causes pain during bowel movements. It is a common condition. Anal fissures do not lead to more serious conditions.

Most anal fissures heal with home treatment after a few days or weeks (acute anal fissures). If you have an anal fissure that has not healed after 6 weeks, it is considered a long-term problem (chronic). You may need medicine to help a chronic anal fissure heal. Surgery may be necessary for fissures that do not heal with medicine.

Anal fissures affect people of all ages, particularly young and otherwise healthy people. They are equally common in men and women.

Sometimes an anal fissure and a hemorrhoid develop at the same time.

What causes an anal fissure?

Anal fissures are caused by injury (trauma) to the anal canal. Injury can happen if:

- You pass a large stool that stretches the anal canal.
- You are constipated and try to pass a hard stool.
- You have repeated diarrhea.

Childbirth can also cause trauma to the anal canal. During childbirth, some women develop anal fissures. Fissures can also be caused by digital insertion (as during an examination), foreign body insertion, or anal intercourse.

Because many people get constipated or have diarrhea without getting anal fissures, many experts believe there is some other cause of anal fissures. Some people may have excessive tension in the two muscular rings (sphincters) controlling the anus. The external anal sphincter is under your conscious control. But the internal anal sphincter is not under your control. This muscle remains under pressure, or tension, all of the time. A fissure may develop if the internal sphincter's resting pressure becomes too high, causing spasm and reducing blood flow to the anus. This high resting pressure can also keep a fissure from healing.

In some cases, an anal fissure may be caused by Crohn's disease, an inflammatory bowel disease (IBD) that causes bloody diarrhea, abdominal (belly) pain, fever, weight loss, and fissures or fistulas near the anus.

What are the symptoms?

An anal fissure causes a sharp, stinging, or burning pain during a bowel movement. The pain, which can be severe, may last for a few hours.

Fissures may itch. They often bleed lightly or cause a yellowish discharge. You may see a small spot of bright red blood on toilet tissue or a few drops in the toilet bowl. The blood is separate from the stool. Very dark, tarry stools or dark red blood mixed with stool indicates some other condition, possibly inflammatory bowel disease (IBD) or colon cancer. You should contact a doctor if you have any bleeding with bowel movements.

Sometimes an anal fissure may be a painless wound that won't heal and that bleeds intermittently but causes no other symptoms.

How is an anal fissure diagnosed?

Most doctors can diagnose an anal fissure from symptoms and by looking at the anus. Usually, the doctor can see the fissure by gently separating the buttocks.

A doctor may use a gloved finger (digital rectal examination) or a lighted instrument (anoscope) to examine the fissure. But if the fissure is extremely painful, the doctor will usually wait until it has begun to heal before performing a rectal exam or using an anoscope (anoscopy) to rule out other problems. A topical anesthetic may be used if an immediate examination is necessary.

During an exam, a doctor can also find out whether another condition may be causing the fissure. If you have several fissures or have one or more in an area of the anus where fissures usually do not occur, you may have another condition such as inflammatory bowel disease, syphilis, a suppressed immune system, tuberculosis, HIV infection, or anal cancer. Most fissures occur along the midline—the top or bottom—of the anus.

How is it treated?

Most acute fissures need some home treatment, including soaking in a shallow tub of warm water (sitz bath) 2 or 3 times a day, increasing fiber in the diet, and taking stool softeners or laxatives. Some people find relief in a day or two of home treatment. Although your pain may go away, it may take several weeks for the fissure to heal completely. Sometimes fissures heal without treatment.

Try to prevent constipation, because it can keep a fissure from healing. The pain of a fissure may make you anxious about having bowel movements. But trying not to have bowel movements will only increase constipation and create a cycle that keeps the fissure open and painful.

Drinking lots of water or other fluids also will make stools softer and easier to pass.

You may want to use a nonprescription ointment such as zinc oxide, Preparation H, Anusol, or 1% hydrocortisone to soothe anal tissues. But evidence suggests that fiber and sitz baths help symptoms better than nonprescription creams.¹ Talk with your doctor about whether you should use these medicines for a short period of time.

If a fissure lasts a long time, prescription medicine may help. Prescription medicines used to treat anal fissure include nitroglycerin, high blood pressure medicines, and botulinum toxin (Botox).

You may need to consider surgery if medicines do not stop your symptoms. The most commonly used surgery is lateral internal sphincterotomy. In this procedure, a doctor cuts into part of the internal sphincter to relax the spasm that is causing the fissure.