



GASTROENTEROLOGY  
DEPARTMENT OF THE  
CIUSSS de l'Estrie – CHUS

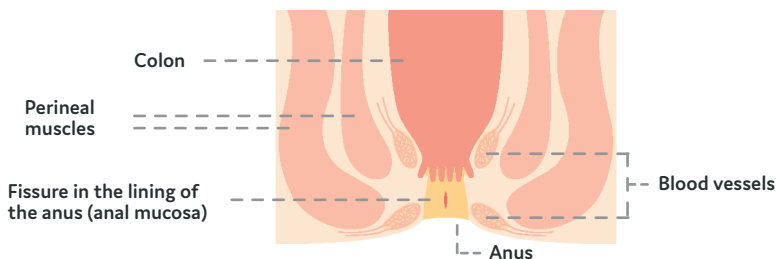
# ANAL FISSURES

Treatment and advice

## WHAT IS AN ANAL FISSURE?

An anal fissure is a painful linear tear or ulcer in the anal region. It is a common problem that can lead to sharp pain during or after bowel movement. Most anal fissures (90%) form on the posterior midline of the anus. They are often caused by improper relaxation of the anal sphincter (muscle around the anus).

Anterior anal fissures, located at the front of the anus, may be associated with tearing during childbirth, episiotomy, rectal hernia, or issues with the external anal sphincter. An anal fissure diagnosis is mainly established through a physical examination of the anus.



## HOW ARE ANAL FISSURES TREATED?

Treatment consists in reducing the muscle spasm that caused the fissure and led to the injury and overcontracting of the anal sphincter. By relaxing sphincter tension (spasm), blood flow is restored, enabling better healing.

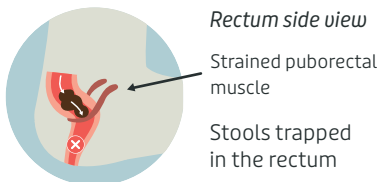
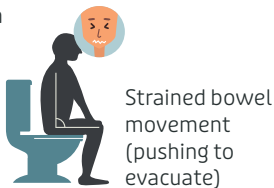
You can improve the healing of an anal fissure by following these tips:

- Avoid rubbing or scratching. Carefully and gently clean the area with water and pat the skin dry after each bowel movement. Sitz baths may be practical to alleviate symptoms (soak buttocks in warm water at least twice daily and after bowel movements).
- Change your diet. Eat foods high in fibre to normalize stool consistency. Treating constipation (or diarrhea in certain cases) remains essential.

- Take laxatives and adopt a diet high in fibre to treat your constipation. You will thus avoid forcing during stool evacuation, which will allow the fissure to heal. Speak to your physician or pharmacist for further assistance. You can also consult the folder on constipation available online at: [santeestrie.qc.ca/en/care-services/themes/chronic-diseases](https://santeestrie.qc.ca/en/care-services/themes/chronic-diseases).
- Your physician might recommend a medical treatment to relax the sphincter, for example, topical creams, gels or ointments such as nitrates (nitroglycerin 0.1 to 0.2%), and calcium channel blockers (diltiazem 2% or nifedipine 0.5%). It is important to apply the cream twice daily while massaging the anal region for the cream to penetrate the skin. Continue using the cream until there are no longer any symptoms (up to 12 weeks). Combine the application of this cream with the constipation treatment to increase your likelihood of healing.
- If applying the cream fails to provide satisfactory results, botulinum toxin injection remains another available option. Your physician will refer you to a colorectal surgeon.
- Your physician might also suggest pelvic floor rehabilitation treatments to correct anal relaxation. Meanwhile, use a footstool during your bowel movements to promote the passive release of the muscle and facilitate stool evacuation.

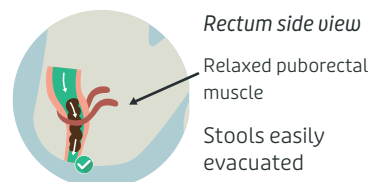
### Incorrect position

Seated with knees bent 90° or greater



### Correct position

Squatting position with knees bent 30°



If the treatment options listed in this document fail to resolve the issue, surgical procedures may be available. Speak to your physician.

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