

BOARD CERTIFIED

**Anna M. TOKER, MD**  
SPECIALIZING IN ROBOTIC COLO-RECTAL SURGERY



**“I have spent a lifetime mastering the art of surgery and now it is time for an individualized approach to medicine. We have an automated phone system and a small personable staff. I know this system is unorthodox, but it allows us to get to know everyone individually and allows me to spend more time with each patient in a one-on-one environment.”**

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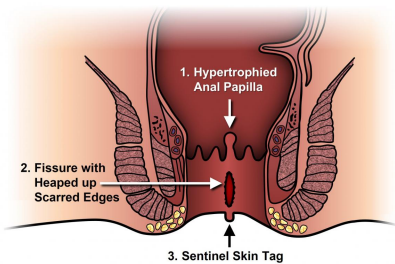
## **Elite ColoRectal Surgery for Mansfield and Midlothian**

Dr. Anna Toker is a full-service colorectal surgeon in Mansfield and Midlothian, focusing on robotic approaches to colorectal surgery and offering sacral nerve stimulation for fecal incontinence.

# Anal Fissure

## Information and treatment options

**Chronic Anal Fissure**



The anal canal is a short tube surrounded by muscle at the end of your rectum. An anal fissure is a small rip or tear in the lining of the anal canal.

### CAUSES OF ANAL FISSURE

Fissures are usually caused by trauma to the inner lining of the anus from a bowel movement or other stretching of the anal canal. This can be due to a hard, dry bowel movement or loose, frequent bowel movements. Patients with a tight anal sphincter muscle are more likely to develop anal fissures. Less common causes of fissures include inflammatory bowel disease, anal infections, trauma or tumors.

### SYMPTOMS

Anal fissures typically cause a sharp pain and sometimes bleeding that starts with the passage of stool. The pain may last several minutes to a few hours. As a result, many patients may try not to have bowel movements to prevent the pain.

### NONSURGICAL TREATMENT

- A high-fiber diet and over-the-counter fiber supplements (25-35 grams of fiber/day) to make stools soft, formed, and bulky.
- Over-the-counter stool softeners to make stools easier to pass.
- Drinking more water to help prevent hard stools and aid in healing.
- Warm tub baths (sitz baths) for 10 to 20 minutes, a few times per day (especially after bowel movements to soothe the area and help relax anal sphincter muscles). This is thought to help the healing process.
- Medications such as nifedipine or nitroglycerin ointment to relax the anal sphincter muscles which helps the healing process.

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## SURGICAL TREATMENT

The goal of surgery is to help the anal sphincter muscles relax which reduces pain and spasms, allowing the fissure to heal. Surgical options include Botulinum toxin (Botox®) injection into the anal sphincter or surgical division of an inner part of the anal sphincter (lateral internal sphincterotomy).

## POST-TREATMENT PROGNOSIS

Most patients can return to work and go back to daily activities a few days after surgery. Complete healing after both medical and surgical treatments can take 6 to 10 weeks. Even when the pain and bleeding lessen, it is important to maintain good bowel habits and eat a high-fiber diet. Continued hard or loose bowel movements, scarring, or spasm of the internal anal muscle can delay healing.

- Botox® injections are associated with healing of chronic anal fissures in 50% to 80% of patients, but recurrence is high
- Sphincterotomy is successful in more than 90% of patients. Although uncommon, this procedure may affect the patient's ability to fully control gas or bowel movements.

Fissures often come back. A fully healed fissure can come back after a hard bowel movement or trauma. Medical problems such as inflammatory bowel disease (Crohn's disease), infections, or anal tumors can cause symptoms similar to anal fissures. If a fissure does not improve with treatment, it is important to be evaluated for other possible conditions.