



# Anal Pain

Anal pain can occur before, during, or after a bowel movement. It can range from a mild ache that can get worse over time to pain that is bad enough to restrict daily activities. Anal pain has many causes, most of which are common and treatable. However, if anal pain does not go away within 24 to 48 hours, it is important to see your physician. If fever is present with anal pain, a more urgent appointment is needed.

## COMMON CAUSES OF ANAL PAIN

### 1. Thrombosed External Hemorrhoid

This is a blood clot that forms in an outer hemorrhoid in the anal skin. If the clots are large, they can cause pain when you walk, sit, or have a bowel movement. A painful anal mass may appear suddenly and get worse during the first 48 hours. The pain generally lessens over the next few days. You may notice bleeding if the skin on top opens. Nonsurgical treatment includes warm tub baths (sitz baths), pain medications, and stool softeners. Most experts recommend that the blood clots be removed surgically. This short surgery can be done in the surgeon's office or at the hospital under local anesthesia.

### 2. Anal Fissure

The anal canal is a short tube surrounded by muscle at the end of your rectum. The rectum is the bottom section of your colon (large intestine). An anal fissure (also called fissure-in-ano) is a small rip or tear in the lining of the anal canal. Fissures are common, but are often confused with other anal conditions, such as hemorrhoids. The goal of all nonsurgical treatments is to make stools soft, formed, and bulky. Treatments include a high-fiber diet and over-the-counter fiber supplements (25-35 grams of fiber/day); over-the-counter stool softeners; warm tub baths (sitz baths) for 10 to 20 minutes, a few times per day; and several types of medication. Although most anal fissures do not require surgery, chronic ones are harder to treat and surgery may be the best option. The goal of surgery is to help the anal sphincter muscle relax, which reduces pain and spasms, allowing the fissure to heal.

### **3. Anal Abscess and Fistula**

An abscess is an infected cavity filled with pus near the anus or rectum. In most cases, an abscess is treated by draining it surgically. A fistula is a tunnel that forms under the skin, connecting the clogged, infected glands to the abscess and out to the skin near the anus. Surgery is often needed to cure an anal fistula. Sometimes these surgeries are simple; however, more difficult cases may need multiple surgeries to take care of the problem.

### **4. Fungal Infection or Sexually Transmitted Diseases**

Patients with fungal infections or infections caused by sexually transmitted diseases (STDs) may have mild to severe anal or rectal pain. STDs include gonorrhea, chlamydia, herpes, syphilis, HPV, etc. The pain is not always tied to having bowel movements. Other signs may include minor anal bleeding, a discharge, or itching. Treatment includes topical or oral antibiotics and antifungal medications.

### **5. Skin Conditions**

Skin disorders that affect other parts of the body (e.g. psoriasis, warts) may also affect skin around the anus. Anal itching, bleeding, and pain may come and go. In some cases, a skin biopsy is needed. Treatment is tied to the results of the skin biopsy and/or physical exam. Early diagnosis is key so treatment can begin as soon as possible.

### **6. Anal Cancer**

While most cases of anal pain are not cancer, tumors can cause bleeding, a mass, and changes in bowel habits, as well as pain that gets worse over time. If you have pain or anal bleeding that does not go away or gets worse, see a colon and rectal surgeon as soon as possible. The first office visit includes a physical exam, exam of the anal canal with a small, lighted scope (anoscopy) to visualize any abnormal areas, and biopsy of the mass. If the pain is too bad for an exam in the office, your surgeon may need to perform an exam under anesthesia to make a proper diagnosis. Treatment of anal cancer or other anal tumors may involve chemotherapy, radiation and/or surgery.

## WHEN SHOULD I SEEK HELP FROM MY MEDICAL PROVIDER?

You should see a physician if:

- Pain comes back or doesn't go away
- There is ongoing rectal bleeding
- You can feel a mass that does not get better

## WHAT IS A COLON AND RECTAL SURGEON?

Colon and rectal surgeons are experts in the surgical and non-surgical treatment of diseases of the colon, rectum and anus. They have completed advanced surgical training in the treatment of these diseases as well as full general surgical training. Board-certified colon and rectal surgeons complete residencies in general surgery and colon and rectal surgery, and pass intensive examinations conducted by the American Board of Surgery and the American Board of Colon and Rectal Surgery. They are well-versed in the treatment of both benign and malignant diseases of the colon, rectum and anus and are able to perform routine screening examinations and surgically treat conditions if indicated to do so.

## DISCLAIMER

The American Society of Colon and Rectal Surgeons is dedicated to ensuring high-quality patient care by advancing the science, prevention and management of disorders and diseases of the colon, rectum and anus. These brochures are inclusive but not prescriptive. Their purpose is to provide information on diseases and processes, rather than dictate a specific form of treatment. They are intended for the use of all practitioners, health care workers and patients who desire information about the management of the conditions addressed. It should be recognized that these brochures should not be deemed inclusive of all proper methods of care or exclusive of methods of care reasonably directed to obtain the same results. The ultimate judgment regarding the propriety of any specific procedure must be made by the physician in light of all the circumstances presented by the individual patient.

---

The information presented on The American Society of Colon and Rectal Surgeons (ASCRS) website is solely intended to provide you with information that will help educate you on various conditions. No information provided on this website or otherwise offered by ASCRS is intended to replace or in any way modify the advice of your health care professional.

© Copyright 2020 The American Society of Colon and Rectal Surgeons. All rights reserved.