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### ANAL FISSURES

1. Anal fissures are tears in the anal canal. They are not cancerous. They are often accompanied by a papillae or skin tag. They can be acute, due to trauma to the anal canal (i.e. from irregular bowel habits) or chronic, due to tightening of the internal sphincter muscle of the anus causing repeated tearing of the mucosa.
2. Common symptoms include pain (especially with bowel movements), burning, rectal bleeding, spasm or a tearing sensation.
3. Possible causes of anal fissures include irregular bowel movements- either diarrhea or constipation, stressful lifestyle, laxative abuse, childbirth trauma or laceration by a foreign object. Often a cause cannot be found.
4. Diagnosis of an anal fissure is done by use of the sigmoidoscope and/or anoscope, to visualize the fissure. Often it can be felt on rectal exam with a gloved finger.
5. Treatment of an anal fissure includes softening the stool with the use of high fiber diet, using bulking agents (like Metamucil), and stool softeners (**NOT LAXATIVES**). Warm tub baths may also offer temporary relief from the pain. Use of suppositories may or may not be helpful.

Surgical treatment may be required for chronic fissures or those that do not respond to a diet regimen or for extremely painful fissures. The procedure is quick and simple, with the surgeon making a cut into the internal sphincter muscle causing the spasm. The fissure itself is left alone to heal on its own over a period of 2-3 weeks. The procedure is done under sedation in an operating room setting. Surgical treatment is highly successful.

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**General, Thoracic, Colon-Rectal, Vascular and Advanced Laparoscopic Surgery**