

*Better
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Patient information

Internal Sphincterotomy (repair of anal fissure)

Surgical Division Royal Liverpool Hospital and
Broadgreen Hospital

PIF 785 V4

Your Consultant/Doctor has advised you to have an internal sphincterotomy to repair your anal fissure. There may be alternative treatments or procedures available. Please ask a doctor or a nurse to discuss these with you.

What is an anal fissure?

An anal fissure is a small tear of the skin around the anus. Anal fissures are very common and passing a hard motion usually causes them. This can cause severe pain during and after you have had your bowels open because the area around your back passage is very sensitive. You may suffer from bright red rectal bleeding when you open your bowels. This bleeding soon stops.

What are the benefits of having a fissure surgically repaired?

Surgery is only carried out if medical treatment has failed. The success rate with surgery is high. Nine out of ten cases are cured. The surgeon will make a small cut in the muscle around your back passage. This reduces the pressure around the back passage and this allows the fissure to heal. No sutures (stitches) are needed with this operation. This is a minor operation and can be done as a day case.

What are the risks of having an internal sphincterotomy?

After this operation one in three people may experience poor control passing wind, and a small number of people (5% to 10%) may suffer from faecal incontinence (being unable to control bowel movements). This risk increases in women who have had children. However your surgeon will explain this to you more fully before your surgery, and you will be given a chance to discuss any concerns you have.

What if I refuse to have the procedure done?

You will need to discuss this with your specialist nurse or Consultant. It may be possible to try an alternative however there is a chance that you will be left with the symptoms you have now if you decide to have no treatment.

What sort of anaesthetic will be given to me?

Surgery is usually carried out under general anaesthesia. General anaesthesia is drug-induced unconsciousness. It is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

- You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests, and sometimes a heart tracing or a chest x-ray. You will be assessed to see if you are fit for the anaesthetic.
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- You will be given instructions on eating and drinking before your operation.
- You will be able to discuss the operation with a doctor. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

The day of your operation

- You will come into hospital on the day of your operation. Please make sure you contact the ward before you leave home to check bed availability.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday therefore if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for any items not handed in for safekeeping.
- Please bring any medication you take into hospital with you.
- You will be asked to remove jewellery - plain bands can be worn but they will be taped.

- Please leave body piercings at home, if worn. False nails and nail polish will also need to be removed.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A nurse and porters will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the theatre area, a member of staff will check your details with you and you will be asked to put on a disposable hat.

What should I expect after my operation?

After your operation you will be kept in the theatre recovery room before being transferred back to the ward.

A nurse will check your pulse, blood pressure, and breathing rate regularly.

It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.

The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.

The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

Discharge Information

- You will be given some painkillers to go home with, and some opening medicine (laxative) to make sure you do not become constipated.
- You will be quite sore for a few days so it is better to take the laxative to keep your motion soft. Once your back passage is pain free you can stop taking the opening medicine.
- Occasionally patients have some slight loss of blood from their back passage for 24 to 48 hours. If you have any heavy bleeding at all, please attend your local A&E Department.
- You should have a daily bath or shower and clean around your back passage each time you have your bowels opened.

If you are discharged on the day of your surgery, because you have had a general anaesthetic, **you must have a friend or relative to take you home and have a responsible adult to stay with you for 24 hours.**

For next 24 hours **you must not**

- Travel alone
- Drive any vehicle e.g. car, scooter, bicycle

- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions, sign any business or legal documents.
- Drink alcohol.
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You **should**

- Take it easy for the rest of the day and avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

To prevent an anal fissure happening again:

- Eat plenty of fibre, fresh fruit and vegetables (anything with pips and skins is full of fibre).
- Shredded Wheat and Weetabix are good high fibre cereals to have for your breakfast.
- Drink plenty of water, at least six glasses a day (tea and coffee **do not** count).

- You can take natural bran in your diet. You can buy it from the health food shop but only use one teaspoon a day. You can disguise the taste by sprinkling it on porridge, soup or cereal. It can be added to gravy or casseroles.
- Try and take regular exercise.
- Don't ignore the feeling of needing the toilet. This results in a bigger and harder motion making it more difficult to pass.
- Don't strain.
- Don't spend a long time sitting on the toilet.
- Remember painkillers taken regularly can cause constipation.

You will be given a follow-up appointment if needed.

Further information

If you have any concerns or queries, please contact the ward where you had your surgery or your GP

Author: Colorectal Nurse Specialist

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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