

South East London pathway for the management of anal fissure



Primary Care setting

Presentation of Anal fissure of posterior or anterior location and no evidence of Inflammatory Bowel Disease.

Treat for 6 weeks with:

1. Dietary advice
2. Bulk fibre supplements
3. Stool softeners
4. Glyceryl trinitrate (GTN) ointment 0.4% twice a day. Recommend paracetamol PRN for possible side effects of headache.
5. Consider local anaesthetic treatments e.g. Anusol or Lidocaine gel

Further information: [CKS topic](#) on management of anal fissure

Non-healing fissure or persistent fissure, or patient has red flag symptoms or unusual symptoms

Referral

Secondary care setting

Treat for 6 weeks with:

1. Re-inforce dietary advice and other options above
2. Review patient compliance with treatment
3. Glyceryl trinitrate (GTN) ointment 0.4% twice a day for 6 weeks **if not already tried by GP** (most helpful for spasm occurring after bowel movements)
4. If patient unable to tolerate GTN ointment or it is ineffective, discontinue and switch to 2% diltiazem cream twice a day.
5. **If the patient has red flag symptoms consider colonoscopy or flexible sigmoidoscopy to eliminate Crohn's disease or other pathology**

No evidence of Crohn's disease or other pathology

Consider an examination under anaesthesia (EUA) and administer:

- **Botulinum toxin injection* (Xeomin® brand, 50-100units) into internal anal sphincter (IAS).**
- Botulinum toxin injection may be repeated a **maximum** number of 2 times (at separate visits)

Category B notification form requires completion if using botulinum toxin for this indication

If treatment with Botulinum toxin injection is ineffective or inappropriate

Lateral Sphincterotomy – consider endoanal ultrasound and anorectal physiology for anal sphincter assessment prior to surgery