

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.”

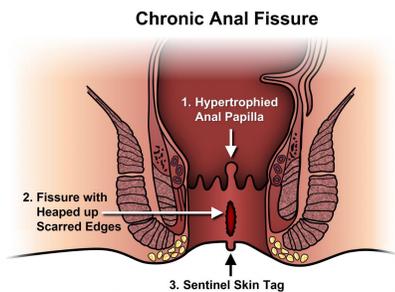
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Elite ColoRectal Surgery for Mansfield and Midlothian

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



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.