

# Lateral Internal and Anal Sphincterotomy

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Whiston Hospital  
Warrington Road,  
Prescot, Merseyside, L35 5DR  
Telephone: 0151 426 1600



**Author:** General Surgery  
**Department:** Colorectal  
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## **What is a lateral internal and anal sphincterotomy for anal fissure?**

Your surgeon has recommended that you undergo an operation for anal fissure. A fissure is a split in the skin at the opening of the anus, leaving exposed some of the muscle fibres of the anal canal.

Pain results from recurrent opening of the wound when the bowels are open and this is often accompanied by bleeding. In addition, the inner circle of muscle in the anal canal (called the internal lateral sphincter) goes into spasm this makes the pain worse and can prevent healing.

## **What are the intended benefits?**

The aim of the surgery is to enable healing of the anal fissure.

## **What happens before my surgery and what happens before admission?**

You will need to attend a pre-admission clinic, which is usually run by specialist nurses. At this clinic, we will ask for your details of your medical history and carry out any necessary clinical examinations and investigations.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring any packaging/ prescriptions with you.

You will have blood tests, possibly an ECG (heart tracing) performed, and also swabs taken to screen MRSA. This Trust takes infection control extremely seriously for the benefit of all its patients.

It is imperative that you are made aware of the risks and benefits of not carrying out certain procedures (as with performing intended procedures) so you can make an informed decision.

All information we hold about you is stored according to the Data Protection Act 1998.

## **Privacy and dignity**

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and / or specialist one to one care is required.

## **Who can I contact if I have a problem when I get home?**

If you experience any problems related to your surgery or admission once you have been discharged home.

Please feel free to contact 4A, 4B or 4C ward for advice from the nurse in charge.

They will assist you via the telephone, advise you return to your GP or ask you to make your way to the ED department at Whiston Hospital depending upon the nature of your concern.

4A Ward – 0151 430 1420

4B Ward – 0151 430 1637

4B Ward – 0151 430 1643

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK. For more information about anaesthesia, please visit the Royal College of Anaesthetists' website [www.roca.ac.uk](http://www.roca.ac.uk)

### Information and support

If you have any questions or anxieties, please feel free to ask a member of staff including the doctor or the ward staff. If you have any further questions please contact 4A, 4B or 4C using the numbers provided.

### Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent up until you are anaesthetised. The only caveat to this is if you are unable to make this decision for yourself either due to being extremely unwell or being confused or unconscious in which circumstances your doctors will make a decision in your best interests.

We will also only carry out the procedure on your consent form unless, in the opinion of the responsible health professional, a further procedure is needed in order to save your life or prevent serious harm to your health. Sometimes during the operation it becomes apparent that the disease is more complicated than was anticipated: the type of surgery may need to be altered to achieve the desired result. This may mean removing more bowel or part of a nearby organ.

There may be procedures you do not wish us to carry out, the reasons for which you are not obliged to provide. These specifically disallowed procedures should be recorded on the consent form.

If you smoke this should be stopped at least 2 weeks prior to your procedure. Your GP can help you stop smoking.

### Day of surgery

Most patients are admitted on the day of surgery. You will see an anaesthetist before your procedure to discuss the best anaesthesia and pain relief options for you. To inform this decision, he/she will need to know about:

- Your general health including previous and current health problems.
- Whether you or anyone in your family has had problems with anaesthetics
- Any medicines or drugs you use
- Whether you smoke
- Whether you have had any abnormal reactions to any drugs or have any other allergies
- Your teeth, whether you wear dentures, or have caps or crowns.

Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and will review your results.

### Moving to the operating room/theatre

You will change into a gown before your operation and we will take you to the operating suite. Before you leave the ward and when you arrive in the anaesthetic room the medical team will perform a check of your name, personal details and confirm the operation you are expecting.

Once that is complete, monitoring devices may be attached to you, such as blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) will be inserted.

Your operation will require a general anaesthetic. You will be asked to breathe oxygen through a face mask before you go to sleep.

## Anaesthesia and pain relief

### General anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of the operation. Your anaesthetist remains with you at all times he or she monitors your condition continuously throughout surgery and gives you drugs and fluids to optimise your wellbeing.

### Regional anaesthesia

Regional anaesthesia includes epidurals, spinals, caudals or local anaesthetic blocks of the nerves to the limbs or other areas of the body. Local anaesthetic is injected near to nerves, numbing the relevant area and possibly making the affected part of the body difficult or impossible to move for a period of time. Regional anaesthesia may be performed as the sole anaesthetic for your operation, with or without sedation, or with a general anaesthetic. Regional anaesthesia may also be used to provide pain relief after your surgery for hours or even days. Your anaesthetist will discuss the procedure, benefits and risks with you.

If you are having an epidural/spinal as well this may be put in before you go to sleep in the anaesthetic room. You will need to have a catheter inserted into your bladder so we can measure urine output. This will be removed with the first few days after the operation.

### Local anaesthesia

In local anaesthesia drug is injected into the skin and tissues at the site of the operation. This area of numbness will be restricted and some sensation of pressure may be present, such as stitching a cut, but may also be injected around the surgical site to help with pain relief.

Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. Individual risks depend on your general health, surgery which is complicated, long or performed in an emergency.

### Very common (1 in 10 people) and common side effects (1 in 100 people).

- Feeling sick and vomiting after surgery
- Sore throat
- Dizziness, blurred vision
- Headache
- Bladder problems
- Damage to lips or tongue (usually minor)
  
- Itching
- Aches, pains and backache
- Pain during injection of drugs
- Bruising and soreness
- Confusion and memory loss

### Uncommon side effects and complications (1 in 1000 people)

- Chest infection
- Muscle pain
- Slow breathing (depressed respiration)
- Damage to teeth
- An existing medical condition getting worse
- Awareness (becoming conscious during your operation)

### Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications

- Damage to the eyes
- Heart attack or stroke
- Serious allergy to drugs
- Nerve damage
- Death
- Equipment Failure



In very rare instances the degree of incontinence can be more serious. Women are more at risk of such side effects than men, but for both sexes we generally recommend surgical treatment of fissures on after other medical treatments have failed, to minimise the exposure to risk of incontinence.

In the period following your operation you should contact the ward or your GP if you notice any of the following problems:

- Increasing pain, redness, swelling or discharge
- Severe bleeding
- Constipation for more than three days despite taking a laxative
- Difficulty in passing urine
- High temperature over 38 degrees or chills
- Nausea or vomiting

If you suffer from urinary symptoms due to a large prostate you might be at increased risk of urinary problems after surgery.

### **Are there any alternative procedures?**

Surgery is usually recommended only after non-surgical treatments (GTN and diltiazem anal cream and Botox injection) have failed. One alternative surgical procedure is that of anal stretch. Stretching the anal muscles aims to do the same as a sphincterotomy but we do not recommend it as it is difficult to judge how much stretching is required and there is a higher risk of incontinence. Another alternative surgical procedure is injection of Botox to relax the sphincter muscle with excision of the fissure following healing. Your surgeon will discuss this option with you if it is suitable for your problem.

### **What are the risks of general or regional anaesthesia?**

In modern anaesthesia, serious problems are uncommon.

Usually a local anaesthesia will be given by the doctor doing the operation.

### **What does the surgery involve?**

Part of the internal sphincter is cut. The cut relieves the tension of the muscle and allows the fissure to heal. Occasionally a polyp can develop at the edge of a long- standing fissure and this may be removed at the same time. It is not usually necessary to remove or suture (stitch) the fissure itself.

### **After the procedure**

Once your surgery is complete you will be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist.

The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure and oxygen levels. You will be given oxygen via a facemask, fluids via a drip and appropriate pain relief until you are comfortable enough to return to your ward.

### **Eating and drinking**

You may eat and drink normally and as before your procedure, we recommend a high fibre diet and fluid intake of at least six to ten glasses of water daily.

### **Getting about after the procedure**

We will help you to become mobile as soon as possible after the procedure. This helps improve your recovery and reduces the risk of certain complications. We will encourage you to get up and walk around within one to two hours after your operation.

### **Leaving hospital**

Discharge from hospital will be the same day in most cases.

## Resuming normal activities including work

After a few days, provided you feel comfortable, there are no restrictions on activity and you may lift, drive and go back to work.

### Special measure after the procedure

Sometimes, people feel sick after an operation, especially after a general anaesthetic, and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.

Internal sphincterotomy is a very simple operation and many patients have less pain after their operation than before. However, in order to minimise the discomfort, a number of measures are available;

- At the time of surgery, local anaesthetic will be injected. This will provide pain relief for much of the day.
- After surgery you will be given painkillers to take by mouth.
- You may have a 15 minute bath in water as warm as you can tolerate several times a day or as often as you require them. These are very soothing and provide several hours of pain relief.
- It may be painful to open the bowels on the first couple of occasions after the surgery.
- A high fibre diet is recommended during this time. If you are unable to open your bowels due to discomfort, it would be advisable to take a gentle laxative to help make it easier.
- You may continue to use glyceryl tri-nitrate or diltiazem cream if they have already been prescribed.

### Bowel function

You should expect to have your bowels open within one to three days and this may be uncomfortable at first. A small amount of bleeding is possible. Over the first few weeks you may notice some changes in your ability to control wind from the back passage; in most cases this will resolve completely but in a small proportion it can be permanent.

### Check up and results

Before you leave hospital, we will give you an appointment for an outpatient clinic or the results of your surgery. At this time, we can check your progress and discuss any further treatment.

### What are the significant risk of this procedure?

Internal sphincterotomy is generally a very safe procedure with few risks, but as with any surgical procedure, complications can occur.

#### General risks

- Wound problems—infection, bleeding, fluid / abscess collection, dehiscence (opening up)
- Breathing problems—chest infection
- Heart problems—abnormal rhythm, angina, heart attack
- Kidney problems—low urine output, blood salt abnormalities, kidney failure
- Blood clots—in the legs (DVT) or occasionally in the lung (PE).

#### Operation-specific risks:

The most important possible risk associated with internal sphincterotomy is that of alteration in continence. Any surgery to the muscles controlling the anus can change the ability to control the bowels. Although this operation involves a small cut in one of the two muscles of the anus, some people suffer difficulty in control of wind after the procedure.