Beth Israel Deaconess Medical Center

A teaching hospital of Harvard Medical School

Management of Anal Fissures

About Fissures:

An anal fissure is a tear in the lining of the anal canal which can lead to pain or a "burning sensation" with and following bowel movements. Fissures can be acute or chronic. Symptoms of a fissure include pain, bleeding, swelling and itching. Most common causes of fissures include constipation or diarrhea.

Management:

Fissures can be treated both medically and surgically. First line management is to start a bowel regimen that includes stool softener, 25-35 grams of fiber daily, adequate hydration and sitz baths for comfort. To alleviate pain while the fissure heals, topical application of Nifedipine is recommended. Roughly 80-90% of patients heal with topical treatment. If you do not respond to topical treatment alone, surgical options include Botox injection, fissurectomy and Botox or sphincterotomy.

Nifedipine Cream 2%:

The topical application of Nifedipine targets fissures in two ways:

1. By relaxing the smooth muscle therefore reducing tissue spasms
2. Increasing blood flow to the area which promotes healing

The time needed for a fissure to heal is highly individual but with the use of Nifedipine, symptoms should improve in a couple of weeks

Application:
The Nifedipine cream does not need to be applied inside the anal canal. It is best to apply a pea sized amount to one spot just outside the anal canal preferably not directly on the fissure which could cause increased discomfort.
You should apply this cream 3 times/day until the pain subsides, (the length of time varies) then morning and night for 1 week then before bedtime for 1 week then stop.