Treatment Pathway for the Management of Acute & Chronic Anal Fissures in Primary Care

Patient Presents with Suspected Anal Fissure in Primary Care

External Diagnosis of Anal Fissure Confirmed
  → Acute Anal Fissure
  → 1st Line Management – for at least 8 Weeks:
    1. Advice to increase fluid intake.
    2. Consider bulking agents e.g. Fybogel Sachets to reduce resting anal canal pressure.
    3. Consider lubricating laxatives e.g. Liquid paraffin/magnesium hydroxide oral emulsion to reduce straining and prevent constipation.
    4. Consider topical anaesthetic agents +/- topical anti-inflammatory preparations to reduce pain +/- inflammation.

  → Fissure Healed
  → Fissure Partially Healed / Not Healed / Therapy Not Tolerated

Another Pathology Suspected or Confirmed
  → Chronic Anal Fissure

Further Investigation or Treatment

1st Line Management – for at least 8 Weeks:
  1. Advice to increase fluid intake.
  2. Consider bulking agents e.g. Fybogel Sachets to reduce resting anal canal pressure.
  3. Consider lubricating laxatives e.g. Liquid paraffin/magnesium hydroxide oral emulsion to reduce straining and prevent constipation.
  4. Consider topical anaesthetic agents +/- topical anti-inflammatory preparations to reduce pain +/- inflammation.

  → Fissure Healed
  → Fissure Partially Healed / Not Healed / Therapy Not Tolerated

2nd Line Management – For At Least 8 Weeks:
Consider Glyceryl Trinitrate Ointment 0.4% BD to Affected Area
(Maintain Fluid intake, consider fibre & lubricating laxatives & topical anaesthetics and topical anti-inflammatory preparations)

  → Fissure Healed
  → Fissure Partially Healed/ Not Healed/ Therapy/ Not Tolerated

3rd Line Management - For At Least 8 Weeks:
Consider Diltiazem Cream 2% BD to Affected Area.
(Maintain Fluid intake, consider fibre & lubricating laxatives & topical anaesthetics and topical anti-inflammatory preparations)

  → Fissure Healed
  → Fissure Partially Healed/ Not Healed/ Therapy/ Not Tolerated

Refer to Colorectal Team in Secondary Care
Management of Chronic Anal Fissures by Colorectal Surgeons in Secondary Care

Unhealed/Partially Healed Chronic Anal Fissures Resistant to GTN 0.4% ointment & diltiazem 2% cream

Maintain Dietary and Laxative Advice: Increase Fluid Intake, Consider Fibre and Lubricating Laxatives, +/- Topical Anaesthetic Drugs +/- Topical Anti-Inflammatory Drugs

4th Line Management: Consider botulinum toxin (repeat if effective as required)

Fissure Healed
Fissure Partially Healed
Fissure Not Healed

Consider GTN ointment 0.4% BD to Fissure for 8 Weeks

Fissure Remains Partially Healed

Consider diltiazem 2% cream BD to fissure for 8 Weeks

Fissure Remains Partially Healed

- Men Without History of Anal Surgery
- Man with History of Anal Surgery
- All Women

Anorectal Physiology Assessment: Referral for Endoanal Ultrasound Scan & Anorectal Manometry

High Resting Anal Pressure + Intact Sphincter

Low Resting Anal Pressure + Intact Sphincter

Damaged Sphincter

Consider Lateral internal Sphincterotomy

Consider Anal Advancement Flap

Consider Fissurectomy +/- Botulinum Toxin