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

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 2% BD to Affected Area (use most cost effective preparation – in primary care this, is currently ointment).
(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

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This HMMC recommendation is based upon the evidence available at the time of publication. The recommendation will be reviewed upon request in the light of new evidence becoming available.
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% ***

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 Healed

Fissure Remains Partially Healed

Consider diltiazem 2% *** BD to fissure for 8 Weeks

Fissure Healed

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

*** Use the most cost effective preparation of topical diltiazem 2%. Patients prescribed diltiazem 2% cream in secondary care can be switched to diltiazem 2% ointment in primary care, where appropriate.