

The Lateral Sphincterotomy Operation

Lateral internal sphincterotomy is surgery to help heal an anal fissure that has not improved with medicine or other treatments.

During the surgery, the surgeon inserts a lighted tube (called an anoscope, or proctoscope scope) into the anus (back passage) that enables him to see the inside of the anus and identify the internal anal sphincter. The internal anal sphincter is a ring of muscle that controls the anus. Special surgical tools are guided through the scope into the anus. The surgeon uses the surgical tools to make a cut (incision) in the internal anal sphincter. This surgery relieves the pressure and allows the anal fissure to heal.

This surgery may be done while you are completely asleep or while you are awake. If you are awake, you will be given medicine to help you relax. You will not feel pain. The surgery usually takes less than 30 minutes. Most people go home the same day.

Benefits Of Surgery For Anal Fissure

The main benefits are the relief of pain, bleeding, discharge, discomfort and itching caused by the presence of an anal fissure.

Are There Any Alternatives?

Not all cases of anal fissure require surgery. Surgery is only recommended only when non-surgical treatments have failed to cure the fissure. Treatment depends on the magnitude of symptoms, co-existing diseases (e.g. Crohn's disease) and patients' preference (see separate information sheet on Anal Fissure).

What Would Happen If My Anal Fissure Was Left Untreated?

An untreated anal fissure is unlikely to heal on its own and will continue to produce symptoms. It can also become infected resulting in the formation of an abscess, which usually requires emergency surgery resulting in an open wound.

Will The Anal Fissure Return After Surgery?

Anal fissures can return after any form of treatment, the recurrence rates depending on the type of surgery performed and other factors (see separate information sheet on Anal Fistula). A lateral sphincterotomy probably has the lower recurrence rate of all interventions for anal fissure.

How Long Will I Be In Hospital?

As this is generally a day case procedure you will be expected to go home on the day of your surgery. Some patients with significant co-existing medical conditions or whose surgery takes place late in the day might be kept in overnight.

Before The Operation

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Prior to admission you will need to have a pre-operative assessment. This is an assessment of your health to make sure you are fully prepared for your treatment and discharge. The pre-operative assessment nurses will help you with any worries or concerns that you have and will give you advice on any preparation needed for your surgery.

If you are undergoing a general anaesthetic you will be given specific instructions about when to stop eating and drinking, please follow these carefully, otherwise this may pose an anaesthetic risk and may mean we will have to cancel your surgery. You should bath or shower before coming to hospital.

On admission a member of the nursing staff will welcome you. The nurses will look after you and answer any questions you may have. You will be asked to change into a theatre gown. Prior to surgery you may need to have an enema (a liquid medication given into the back passage to empty the bowel).

The surgeon and anaesthetist will visit you and answer any questions that you have.

A nurse will go with you to the anaesthetic room and stay with you until you are asleep. A cuff will be put on your arm, some leads placed on your chest, and a clip attached to your finger. This will allow the anaesthetist to check your heart rate, blood pressure and oxygen levels during the operation. A needle will be put into the back of your hand to give you the drugs to send you to sleep.

After The Operation

Your blood pressure, pulse and wounds will be monitored closely over the first few hours. You will normally be able to start drinking shortly after the procedure, and can start eating as soon as you are hungry. You will normally be able to get out of bed a few hours after surgery, although the nurses will assist you the first time.

Some pain is to be expected, and can be quite significant. The nurses will give you painkillers and monitor your pain. They will also assess the wound site and if necessary provide pads to protect your clothes from marking.

There are rarely any stitches that need taking out.

If your operation is planned as a day case you can go home as soon as the effect of the anaesthetic has worn off. A general anaesthetic can temporarily affect your coordination and reasoning skills so you will need a responsible adult to take you home and stay with you for the first 24 hours. During this time it is also important that you do not operate machinery, drive or make important decisions. Before your discharge the nurse will advise you about your post-operative care and will give you a supply of painkillers and laxatives. Your GP will be notified of your treatment.

In most cases a hospital follow-up appointment is required; you will be notified of this prior to discharge and an appointment card given to you.

What Activities Will I Be Able To Do After My Surgery?

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You can resume most usual activities gradually beginning shortly after surgery. You should begin walking the night of surgery or the following morning and continue to increase the distance you walk as you are able. Increased activity reduces the risk of blood clots, and improves breathing to prevent pneumonia.

You can return to normal physical and sexual activities when you feel comfortable; this normally takes 1-3 weeks but sometimes longer.

How Much Pain Can I Expect?

At times the pain may be significant, so taking regular painkillers will help. You may experience discomfort for up to four weeks after the operation.

Wound And Personal Hygiene

The most important part of caring for your wounds after anal fissure surgery is keeping the area clean. After surgery, we advise Sitz baths 2-3 times a day and after any bowel movement. This involves sitting in warm soapy water to clean the area. Showering after every bowel movement is also effective. You should avoid excessive wiping, as toilet paper may irritate the skin or incisions around the anus and in the perineum. Moist toilettes or baby wipes are preferred.

You will probably want to place gauze or absorbent material such as continence pads over the area to protect your underclothes.

Usually you may shower beginning the day after surgery.

Diet And Bowel Care

Following anal fissure surgery, you may resume your regular diet with no restrictions. We recommend a diet low in fat and high in fibre. You should drink at least 6-8 glasses of water a day. This will help you have soft, regular bowel movements.

You will be prescribed a bowel regimen when you go home. This may include a stool softener, fibre supplements and a laxative. This is vital to enable you to have soft bowel movements after surgery. You may also be given nausea medication if you have experienced nausea or vomiting from taking your pain medication.

Over the counter medications can treat constipation well. Senna, Lactulose, Fybogel or Dulcolax are some of the most common laxatives and are available at most drug stores; take as directed on the package or by the pharmacist.

Driving

You must not drive for at least 24 hours after surgery. Before driving you should ensure that you are able to perform an emergency stop, have the strength and capability to control the car, and be able to respond quickly to any situation that may occur.

Return To Work

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You can return to work as soon as you feel well enough. This could depend on the type of work that you do. Typically you will need one to two weeks off work, depending on the type of work you do.

Significant, Unavoidable And Frequently Occurring Risks After Lateral Sphincterotomy

Although this type of surgery is almost always safe, complications are a risk factor, just as they are with any kind of surgery. Here are some potential complications:

- anaesthesia complications - nausea and reaction to the anaesthetic
- pain - you will be given tablets to help control the pain
- bleeding of the wound
- scarring
- infection of the wound
- blood clots—rarely these can form in the legs due to immobility after surgery. Occasionally a blood clot can break off and travel through the blood stream to the lungs, making it difficult for you to breathe
- retention of urine
- incontinence for flatus and/or faeces

When To Contact Your Surgeon

Please contact us on 07968228831 or your general practitioner (GP) if you experience any of the following after discharge from hospital:

- temperature of 38°C or higher
- redness around your incisions
- unusual drainage from your incisions, particularly if it is thick and foul smelling
- nausea or vomiting or abdominal distension (bloating)
- severe and/or persistent bleeding.