

# Lateral Internal Anal Sphincterotomy

Information for patients, relatives and carers

**Colorectal Surgery**

① For more information, please contact your GP

Caring with pride



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## **What is Lateral Internal Anal Sphincterotomy?**

This is an operation used in the treatment of anal fissures, which is normally performed under a general anaesthetic. It involves making a small cut in part of the sphincter muscles around your anal canal (back passage). This small wound is usually left open to heal naturally, but may alternatively be closed using dissolvable stitches.

## **What are the benefits of having this operation?**

The operation relieves the pain associated with a fissure and allows the fissure to heal.

## **Are there any risks or side-effects?**

In a very small number of people who undergo this operation (less than one in 20), there is a possibility of occasional incontinence of stool or gas afterwards. This is usually minor and does not cause sufficient trouble to warrant any further treatment. However, very rarely the sphincter muscle is made significantly weak as a direct result of the operation, which may then require a further operation to correct the problem.

A very small percentage of patients may develop an abscess following this procedure. This causes pain and discharge, and may require further surgery.

## **Are there alternative treatments?**

If your surgeon is recommending that you undergo a sphincterotomy, you will almost certainly have tried other treatments first, which have failed to heal the fissure. These include ointments (GTN and or diltiazem) and Botox injections.

If you are perhaps at higher risk of incontinence following sphincterotomy (e.g. female, tear during childbirth, previous surgery on the back passage), your surgeon may recommend an alternative operation, called an advancement flap. This doesn't involve cutting the sphincter muscle, so there is very little risk of incontinence. However, it isn't as effective at healing the fissure. You may also need some pressure studies on your bottom, to guide your surgeon in deciding which operation is best for you.

## Washing and Personal Hygiene

You should have a bath the day after your operation and this will soak any dressing out (it may need a little gentle pull). It is quite possible that you may bleed a little in the bath (do not be alarmed – this can make the water look very red!)

You will probably find that frequent baths are soothing to the area.

- It is important to keep the area clean
- Try to take a bath or shower, or use the bidet after each time you open your bowels
- You will probably notice a little blood in your stools or on the toilet paper, usually for seven to ten days after the operation. This is to be expected and is nothing to worry about
- After a bowel action women should remember to wipe front to back, away from the vaginal area
- Once you are back to your normal life, taking a bath every time you open your bowels may become less practical, but you should continue to wash after a bowel action if at all possible for three to four weeks after the operation. Wiping with damp cotton wool will suffice

- You may find that sitting on the edge of the bath and using a shower attachment (if available) is a convenient way of cleaning the area
- There are rarely any stitches that need taking out
- It will be more comfortable for you to open your bowels if your stools are soft, so try to eat a high fibre diet, and consider taking a mild laxative if your stools are hard
- You may find that you have a minor mucus discharge (slime) from the back passage for some time after the operation. A small pad or panty liner will prevent any staining of your pants

## **Will I be in pain?**

There will be some pain, but this should be easily controlled with painkilling tablets. You should be provided with these after your operation and before you leave the hospital.

## General Advice

After a general anaesthetic you may feel tired, dizzy or weak. You should stay with a relative or friend for the first 24 hours. During the 24 hours following your procedure you should avoid:

- Driving or operating a motorised vehicle or equipment
- Signing any legal documents or making important decisions
- Drinking alcoholic drinks

When you have your pre-assessment for this operation, you will be given a leaflet on what to expect when you come into hospital for surgery.

Whatever type of operation you have had, during the first week to ten days at home, you may feel weak, dizzy and a little depressed. We call this “post-operative blues”. This will pass but if the symptoms persist, please consult your GP for help and advice.

## When can I return to work?

The recovery period will vary but many people feel well enough to return to work after a few days.

## **Tell us what you think of this leaflet**

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Mr N Woodcock, Colorectal Surgery, The York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 721154.

## **Teaching, Training and Research**

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

## **Patient Advice and Liaison Service (PALS)**

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email [pals@york.nhs.uk](mailto:pals@york.nhs.uk).

An answer phone is available out of hours.

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