

# One Day Surgery Times

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**Wishing you a happy, prosperous and healthy new year.**

**From: the staff of One Day Surgery Centre-Babulnath Hospital**

**From the Editors Desk:**

**Anal Surgeries as Day Care:**

*Conti.....*

**Fissure-in-ano:**

The mechanism of fissure formation is complex. But, in broad terms, a tear in the anoderm, that is, the lower most part of the anal mucosa and the skin outside, is a fissure. The anoderm is very sensitive as it is richly supplied by nerves, therefore, the pain.

The skin around the anal sphincter is very soft and is in direct contact of the circular sphincter which forms part of a complex continent mechanism. While defecation, we relax the anal sphincter and allow stools to pass. When there is incomplete relaxation, and simultaneous exertion of pressure to force defecation, it leads to injury to the delicate mucosa, causing it to tear. This is the most common cause for a fissure formation.

**Symptoms:** Painful defecation with bleeding, is the usually the presentation. The bleeding is in the form of streaks along the stools and not in drops as in piles. Remember, piles normally do not present with pain, except in certain cases.

Because of a wound created by the fissure, there is exposure of the underlying sphincter muscles, which go into spasm due to infection/rubbing mechanism of defecation, leading to pain and further aggravating the situation, making defecation difficult.

Therefore, acute pain during defecation, with or without bleeding, should alert you of a fissure.

**Other causes:** Proctitis, Hard stools associated with constipation, Loose motions of infective diarrhoea or food poisoning, are most common causes of a fissure formation.

**Variation:** Anterior presentation, that is, at 12 O'clock position, is usually found in women. Posterior presentation, that is, at 6 O'clock position, is common in men. Most fissures are associated with a skin tag at the end of it. Presentation is acute or chronic.

**Conservative treatment:** Most Acute fissures respond to conservative treatment, rarely requiring surgical intervention. The main stay of treatment is to reduce pain during defecation. This is achieved by prescribing stool softeners, and local application of Lignocaine and soothing agents like paraffin, after Hot Seitz bath. Antibiotics and pain killers help in reducing inflammation and infection. Conservative management can be tried for at least a month, the reduction in constant abrasion of hard stools reduces the pain and spasm of the sphincter, allowing the fissure to heal by formation of new skin.

Now, glyceryl trinitrate and diltiazem ointments are available, which are used for local application, they help in healing by relaxing the sphincter muscles. Headache is a major side effect.

**Surgical management:** the most commonly used surgical method for facilitating healing of the fissure is anal dilatation. The age old method of Lords procedure or dilatation is no longer recommended. Now, a gentle and gradual, controlled dilatation is used for relaxation of the sphincter, leading to healing of the fissure, without side effects of previous methods.

Chronic Fissures require Fissurectomy, that is, excision of the non-healing mucosa and skin of the fissure, along with the skin tag. This is preceded by anal dilation.

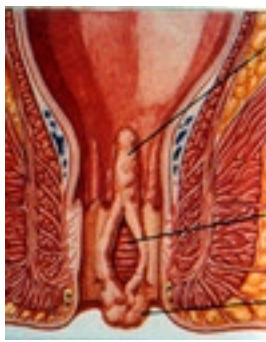
Lateral sphincterotomy is widely advocated and practiced for relaxation of the sphincter. In this procedure, part of the external fibers on the internal anal sphincter is excised.

**Anaesthesia:** GA, Spinal, Caudal and Pudendal blocks are used for this surgery. Again, my preference is Pudendal block as it is local and combined with sedation, works wonderfully well. Patient can be discharged by evening as One Day Case.

**Post op care:** As discussed in the previous issue, Stool softeners, Seitz bath, Local applications and Dietary precautions have to be followed.

A word of caution, Fissure can be prevented, recurrence is very common, therefore, it is of prime importance to take extra care in patients who are prone to constipation or loose motions.

**Complications:** apart from pain and bleeding, sepsis locally, can be a problem if hygiene and medication are not used properly.



Papillae

Fissure

Skin Tag



Diag. of Fissure-in-ano

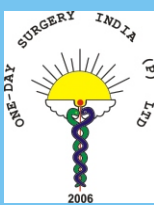
Posterior Fissure-in-ano

Simple treatment of Hot Seitz bath, Local application, proper antibiotics and regular bowel habits is all you need to prevent complications.

Recovery from a Fissure surgery takes about a month. But every day is better than the previous. Day to day activity can be resumed from the next day of surgery. As most cases are performed as One Day Case, early resumption of work is a reality.

**Anal Crypts & Papillae:** Crypts of Morgagni are small projections of skin flaps found covering the anal gland, there are about 12 such glands, which are known to secrete mucus. Due to recurrent infection, these crypts hypertrophy and are inflamed, this is known as Cryptitis. These cause burning and sometimes excessive discharge.

Anal papillae are finger like projections of varied size, which are enlarged crypts and can grow upto 2 cm in length, prolapsing out



**Surgery & discharge on same day for:**

- Hernia, Piles, Fistula, Fissure, Diabetic foot,
- Pilonidal sinus, Ingrown toe nail,
- Lipoma, Sebaceous cyst, Abscess,
- Circumcision, Vasectomy, D & C, Tubal Ligation, Diagnostic Lap; etc. (In selected cases)

**Extended stay:** Appendix, Gall stones, Hystrectomy, etc.



**Other Surgeries related to:** Paediatric, Urology, Plastic, ENT, Vascular. Chemotherapy & related treatment. (Please take prior appointment).



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during defecation. They are benign conditions which are more of a nuisance value. If prolapsed, they can obstruct the anal sphincter from complete closure. They can get inflamed and tear, leading to bleeding.

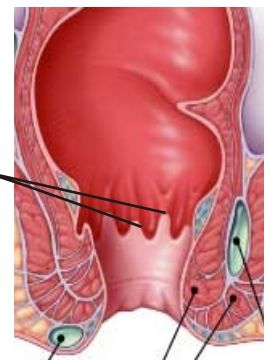
Per rectal examination and proctoscopy is required for diagnosis. But, if a patient comes to you with symptoms of proctitis and no bleeding, crypts or papillae should be suspected.

**Treatment:** Medical management will only ensure symptomatic relief.

Surgical excision of the anal papillae and crypt cautery is the only definitive treatment. This can be performed under local anaesthesia and sedation as One Day Case.



Papillae



Crypts

To be cont.....

**Patient's convenience and safety is our prime concern.**