What is an Anal Sphincterotomy?

Anal sphincterotomy, or **Lateral Internal anal Sphincterotomy (LIS)**, is a surgical procedure used to treat a chronic anal fissure. During the procedure about 25% of the internal anal sphincter is cut.

The anal sphincter is a tubular structure (like a donut) that controls the passage of stool through the anal canal. It is made of two different muscles, one inside the other. The internal tube (internal anal sphincter) is an automatic muscle – it acts at rest when you are not thinking about it and helps control stool and gas release when there is no urge. The external tube (external anal sphincter) is a voluntary muscle – it only acts when you actively tighten it. It helps control the passage of stool and gas when there is a strong urge but you want to wait.

How does anal sphincterotomy help treat an anal fissure?

A major part of the problem that develops from an anal fissure is spasm in the internal anal sphincter. This spasm causes 2 problems. It is the reason pain lingers even after the bowel movement is done. It also increases pressure in the area which makes it hard for blood to circulate to the fissure. Cutting a small portion of the internal anal sphincter relieves the spasm in the muscle. This helps reduce the pain from muscle spasm and allow the fissure to heal. The procedure is about 95% effective in treating the anal fissure.

Are there any risks?

The main risks associated with the treatment of fissures are incontinence (loss of control of bowel movements), recurrence of the fissure, infection in the surgical wound, and bleeding. A common problem after anal surgery is difficulty urinating after the procedure. Occasionally, this requires placement of a temporary urinary catheter.

How do I prepare?

If you have any significant medical problems, a medical clearance report is needed from your primary care doctor. You should call his or her office to arrange for this. If you have heart problems, you may need clearance from a cardiologist who may order additional tests. If you are able to tolerate it, you may be asked to complete a bowel preparation on the day of surgery to clean out the rectum. This is usually done with an enema. Do not eat or drink anything for at least 8 hours before the operation. Follow the preparation directions supplied closely.

What can I expect after surgery?

Most patients are discharged from the hospital when the anesthetic has worn off, about three to four hours after the surgery. You must be accompanied home by a responsible adult that you know. Occasionally, patients may be kept overnight for monitoring. Your doctor will prescribe pain medication. You will need to keep your stools soft and passing easily after surgery. This is accomplished by eating a high fiber diet, and taking stool softeners and fiber supplements. Sitz baths should be taken 3 times daily and after bowel movements. A dry gauze pad should be tucked between the cheeks against the wound at
If you notice large amounts of blood or pus from the rectum, increased pain or fever you should call immediately.

Is any follow-up needed?
You will need to follow-up with your doctor after the operation to check the operative site, to assess healing of the fissure and to look for new problems.

Patient information materials developed in the Section of Colon and Rectal Surgery at Rush University Medical Center. The information contained in this brochure is believed to be accurate; however, questions about your individual health should be referred to your physician.

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