

# Anal Fissure

An anal fissure is a small tear of the tissues around your child's anus (the opening where bowel movements come out). Usually, the tear occurs when your child passes a hard bowel movement that causes too much stretching of the delicate tissues in this area. Treatment includes medications to soften your child's bowel movements. It may take a while for the fissure to heal completely.

## What is anal fissure?

Anal fissures are a fairly common problem in infants. They are tears that occur when the delicate tissues around the anus are stretched too far when your child passes a hard bowel movement (BM). Injury from hard wiping around the anus may also cause tears.

Your baby may cry when having BMs, and you may see some bright red blood on the BM. Constipation can either cause or result from anal fissures.

Treatment includes keeping the area as clean as possible, applying a lubricant, and giving a stool softener to prevent hard BMs. Normally, anal fissures heal without any problem. It's important to break the cycle of constipation and anal fissures: if BMs hurt because of the injured tissue, your child may try to hold them in, which will make the problem work.

## What does it look like?

- Pain during bowel movements. Your child may strain or cry when passing BMs.
- You may see bright red blood on the surface of your child's BM (or on diaper wipes or toilet paper).
- The fissure usually looks like a small tear in the tissues around the anus. It may be difficult to see because of the normal folds of skin in this area.
- Your child may have constipation: hard BMs being passed less often than normal. Constipation may occur before or after anal fissure.

## What causes anal fissure?

- Passing hard BMs is the most common cause of anal fissures. If your child has been constipated, this is probably what caused the fissure. However, sometimes constipation is the result, rather than the cause, of an anal fissure.
- Whichever happens first, constipation and anal fissures can set up a vicious circle: BMs hurt, so your child tries to avoid having them. This makes the BMs hard, which may make the anal fissure worse.

- The area around the anus may also be injured during diaper changes, for example, from wiping too hard or accidental scratches from long fingernails.

## What are some possible complications?

- Usually none. Anal fissures nearly always heal with simple treatments. Complete healing may take several days, or even weeks.
- Some anal fissures don't heal as promptly as they should. This problem is most often related to continued constipation. Chronic fissures may require minor surgery, but this is rare.
- A small skin "tag" may develop around the fissure. This is caused by skin irritation and is considered harmless.

## Can anal fissures be prevented?

- Avoiding constipation may reduce the risk of anal fissures.
- Wipe your child's bottom gently during diaper changes.

## How are anal fissures treated?

- The most important factor is to try to avoid hard BMs and constipation. If your child continues to have hard BMs, it will be difficult for the fissure to heal.
- We may recommend a medication called a stool softener (such as Metamucil). Use these medications as recommended by your doctor. Your may have to adjust the dose, depending on how your child responds. Too much stool softener can cause diarrhea (loose, watery BMs).
- For babies who haven't started solid foods:
  - Add corn syrup (Karo syrup) to your baby's formula: 1 teaspoon per 4-ounce bottle, a few times a day.
  - It may also help to give your baby juice, especially prune juice. However, since juices don't have a lot of nutritional value for babies, don't give too much.
  - Your doctor may recommend other oral solutions.
- For older children, add more fiber to the diet: give plenty of fresh fruits and vegetables and bran cereals.
- Spread a small amount of lubricant, such as petroleum jelly (Vaseline), on the anal area to help protect it.
- Make sure your child gets plenty of water and other liquids.
- If any other cause of constipation is present, your doctor may recommend additional treatments.

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- Keep the area as clean as possible. Be gentle when cleaning.
- Encourage older children to use the toilet frequently, as needed. Holding in BMs will only make the problem worse.
- Your child is having continued constipation and hard BMs, despite the use of stool softeners and other treatments.
- Your child is having continued pain and/or bleeding during BMs.



### **When should I call your office?**

Call our office if: