

Original Research Article

Lateral partial internal sphincterotomy-a complete relief in chronic fissure in ANO

Ramalingam Aishwin Saravana Kumar, Selvaraj Vishnuvarthan*

Department of General Surgery, Karpagam Faculty of Medical Sciences and Research, Coimbatore, Tamil Nadu, India

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*Correspondence:

Dr. Selvaraj Vishnuvarthan,

E-mail: ramalingamaishwin@outlook.com

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ABSTRACT

Background: Lateral internal sphincterotomy is the only choice in the treatment of the fissure in ano. Complete and partial sphincterotomy was followed in variable individuals. But post-operative complication like incontinence, early mobilization and early recovery is to be made into account for best results among these patients.

Methods: This study is made in 2015-2016 period among 52 patients with chronic fissure in ano, partial sphincterotomy i.e., division of internal sphincter below the dentate line was performed. Post-operative follows up and symptoms were recorded, in such cases treated adequately. The period of revisit was decided according to patient compliance 1 month, 3 months, 6 months. The data was collected prospectively and recorded in view of change in the treatment.

Results: 47 of the patients were pain free within first 5 days of surgery. Remaining 5 patients required further division for pain relief due to persistent pain after 3 weeks. The associated post-operative complication among these patients was itching due to burning sensation in and around the anus which resolved later. None among these patients developed fecal incontinence.

Conclusions: Among all age group of the patients included in this study were subjected to same type of the procedure and results were recorded to give better prognosis with lowest degree of recurrence for which repeat of the same procedure gave the complete relief. Lateral internal partial sphincterotomy is an effective technique for complete relief of pain in chronic fissure in ano.

Keywords: Chronic fissure in ano, Early mobilisation, Lateral internal partial sphincterotomy

INTRODUCTION

Chronic fissure in ano is very common in all age group of people due to present days hi-fi method of food habits, modified life style and inborn errors of health conscience. The present generation is more moribund on the development of technology and work styles of these techis are tedious. Requirement of the remedies are long standing, permanent and symptom or complication free. Early mobilization after any procedure is the only way out for earned population. In the development of the

internet medicine access leads to the attitude of clearance of the physician doubts. Based on the above wide range of criteria among these lies the choice of the treatment to be very selective and preferably high in placement of the best treatment for them.

Lateral internal sphincterotomy is the only choice in the treatment of the fissure in ano. Complete Sphincterotomy and partial sphincterotomy was followed in variable individuals.^{1,2} But post-operative complication like incontinence is to be made into account for the follow up

of the patient.³⁻⁵ This study is made with partial sphincterotomy i.e., division of internal sphincter below the dentate line.⁶ Post-operative follow up and symptoms are made into account, in such cases treated adequately.⁷

Review of literature

In ancient days for the treatment of fissure in ano various non-surgical methods and remedies were followed. Most of the studies say temporary relief is the theme of the treating fissure in ano in those days, following which the studies and analysis later detailed about the cause of the diseases. In 20th century a Russian literature recorded most common incidence of this disease was among the people of terrain and plateau habitats, the individuals who consumes more of underground vegetations. Another team of medical physician gave the clear view of the etiology as lifestyle modification and altered food habits. An American journal read intake of non-fibre diet, poor consumption of water and raw spices in food habits showing high incidence.

All these studies give the medical treatment like application of local anesthetic lubricants, consuming purgatives and laxatives, anal sphincter digital manual dilatation as for temporary relief which lasts for a short period, hence required repeated treatment methods. All the studies were recorded for no complete cure and onset of symptoms earlier. Later, introduction of lateral sphincterotomy was a pathfinder and everest in treatment of chronic fissure. On modification of the food habits, lifestyle and pattern of bowel control complete lateral sphincterotomy was on the higher rate for complete remedy. On due course following the procedure, patients underwent complete sphincterotomy developed unexpected fecal incontinence. Associated complication like intersphincteric abscess, bleeding and pruritis were also recorded.

Partial internal anal sphincterotomy was first performed in India among military personals who required better treatment for their carrier. Observed by Novartis et al from Scandinavia and studied by Melboruii the teams from Tanzania school of Medicine and health research community Ludhiana, the results were proved to be better with no long-standing complications.

METHODS

This study is made in 52 patients who attended Karpagam Faculty of Medical Sciences and Research, Coimbatore during 2015-2016 were selected with similar symptoms. Selection was made based on only signs and symptoms with chronic fissure in ano. Associated diseases like acute fissure, hemorrhoids and abscess, fistula is eliminated from the group. Pre-operative assessment of patient symptoms and bowel habits and anal sphincter control were made and recorded. Pre-operative single iv antibiotic shot was given to all these patients. Digital examination was done with lignocaine gel to rule out any

additional features, stenosis, nature of mucosal wall, sphincter tone and acute bleeding. No proctoscope examination and rectal enemas were preferred. The procedure was performed in lithotomy position under strict aseptic precautions. Per rectal examination is performed, careful palpation of intersphincteric groove is made with left hand index finger. On identifying both sphincters a 15 or 11 size surgical blade is passed through the intersphincteric plane upto the dentate line, then the knife is advance medially to make an incision. The mainstay is, the incision is controlled by the left-hand index finger in order to cut only the half of the sphincter fibres, i.e., the width below the dentate line. Following which digital pressure is maintained for few minutes to secure hemostasis. Sterile dressing method followed. Post operatively all patients are subjected to Sitz bath from POD-2 and resume normal defecation. Hospital stay for these patients were only 1 week, bed rest was not advice as there is no pain like symptoms. They were advice for their regular duties from the second week from the post-operative period.

RESULTS

Table 1: Age distribution.

Age in years	No. of subjects
26-31	3
32-37	4
38-43	6
44-49	5
50-55	-
56-61	19
62-67	15

Table 1 shows a detail about the samples i.e., patients who are considered for our study. The patients from different age categories are picked in our research analysis to know about the chronic complaints of fissure.

Table 2: Based on the postoperative results and complication.

No. of Subjects	No. of Days	Pain	Perianal itching and burning sensation	Bleeding	
47	1	6	Nil	Yes	Nil
	23	5	Nil	Nil	Yes
	9	4	Yes	Nil	Nil
	14	5	Nil	Yes	Yes
5	3	10	Yes	Yes	Nil
	2	9	Nil	Yes	Nil

In Table 2, outcome of patients after getting treatment is displayed in graphical format. This comparison is shown based on number of days, they are provided with the treatment until it cures.

DISCUSSION

In the study results made among total of 52 patients with chronic complaints of fissure who were subjected to partial internal sphincterotomy, 23 of them complained of minimal wound bleed and required a 5 days hospital stay, then completely relieved of symptoms.⁸ 9 of them had wound site pain, required 4 days hospital stay and then relieved of symptoms completely and only 1 patient had perianal itching and burning sensation, for which required 6 days stay. Remaining 5 patients suffered of persistent of symptoms who required repeat procedure 3 weeks later.⁹ After the performance of the same procedure for the second time they were relieved of the symptoms from 2-week of the surgery. Preoperative clinical picture for most of these patients were pain on defecation few minutes to 6 hrs after defecation, bleeding on and off, sentinel skin tag. Most of these patients presented with constipation and few with loose stools and very few with normal bowels movements. The age group of the patients was varied from 26yrs to 67yrs. None among these patients developed fecal incontinence.

CONCLUSION

Observation in this study shows a better outcome and effective in relief of the symptoms completely in most patient satisfied technique for chronic fissure in ano. Early ambulance is noteworthy for any surgical procedures due to advancement in the development of the day to-day techniques. This study reveals a reproducible technique for management of chronic fissure in ano. The complete relief of the symptoms with the lowest recurrence rate and repeat procedure in recurrence patient giving satisfactory relief is the highlight of this study.

Lateral internal partial sphincterotomy is an effective technique for complete relief of pain in chronic fissure in ano. The present-day update in the technology and method of the procedures are beneficial in improvement of the problem based diseases and diseases with high recurrence rates. Due to high modification in the day to-day lifestyle the disease manifestations also get modified for which such studies are helpful.

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Ethical approval: The study was approved by the institutional ethics committee

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