

Hampshire and Isle of Wight Integrated Care Board Priorities Committee

Policy title	Policy 25: Treatment of Chronic Anal Fissure (CAF) in Adults
Policy position	Criteria Based Access
Date of issue	April 2023
Update	This policy will be updated in light of a substantial body of new evidence or new national guidance.

An anal fissure is a tear or ulcer in the lining of the anal canal, immediately within the anal margin. Clinical features of anal fissure include anal pain with defecation (with or without bright red rectal bleeding) and anal spasm.

The majority of cases will be treated in primary care. Conservative management includes dietary and lifestyle advice to ensure stools are soft and easy to pass (such as a high fibre diet and increased fluid intake) and to aid healing of the fissure (such as good anal hygiene). Management of pain includes simple analgesia, and topical anaesthetics such as lidocaine.

Topical Treatment:

- First line pharmacological therapy is GTN (glyceryl trinitrate) rectal ointment.
- Topical diltiazem should only be used if there is continued intolerance to GTN after education on proper application of extremely small amounts.
- Topical treatment should be tried for at least 6-8 weeks.

Surgery:

- Lateral sphincterotomy is supported for cases where all the aforementioned options have failed.

Botulinum toxin injections:

- Botulinum toxin injection is an unlicensed therapy for the treatment of anal fissure and the success rate appears less than that for lateral sphincterotomy. However some individuals may be at risk of poorer outcomes (such as incontinence) from surgery. The committee supports the use of botulinum toxin injections for such individuals as a means of avoiding surgery if possible. It is however the responsibility of the prescriber to determine the clinical need of the patient and the suitability of using botulinum toxin type A injection outside its authorised indications.

Other interventions are considered low priority.

Version	Date	Reason for change
Version 1.0	2017	New policy
Version 2.0	2021	3 yearly update process – unpublished.
Version 3.0	Agreed November 2022 (Ratified by the Board – January 2023)	The statement relating to botulinum toxin injections has been reworded to be more specific to clinical outcomes and the risk of incontinence, and to ensure equality of access.

Clinical coding:

ICD10 Diagnosis Codes

K601 - Chronic Anal Fissure

K602 - Anal Fissure Unspecified

OPCS Procedure Codes

H561 - Biopsy of lesion of anus

H562 - Lateral sphincterotomy of anus

H564 - Excision of anal fissure

H568 - Other specified other operations on anus

X851 - Torsion dystonias and other involuntary movements drugs Band 1

Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.