

Long-term results of fissurectomy with anoplasty for the treatment of chronic anal fissure: a prospective study

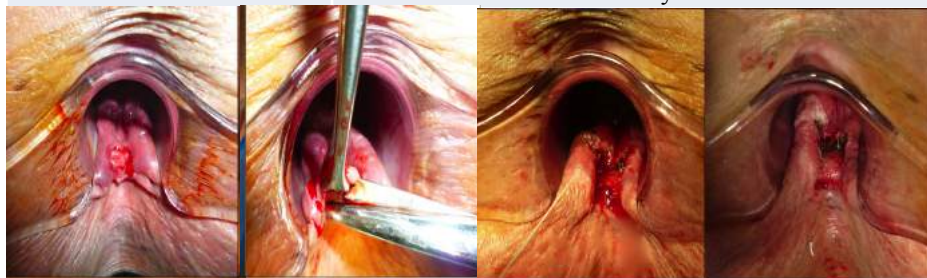
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AIM: Lateral internal sphincterotomy is actually the gold standard treatment of chronic anal fissure (CAF) even if it is associated with a limited incidence of anal incontinence (1-8%)⁽¹⁾. This prospective study was designed to determine the long-term outcome, recurrence rate and faecal incontinence incidence after fissurectomy with anoplasty for CAF.

METHODS:

Period	January 2011 – September 2015
Number of patients	162
Preoperative Exams	Clinical examination – Proctoscopy
Outcomes	Wound site complications - Wound healing time Incontinence - Satisfactory and recurrence rate



RESULTS:	
Characteristic	Value: median or number count (range or percentage)
Follow-up	31 months (6 – 62)
Surgical complications	minor bleeding (3%) – wound infection (0,6%)
Post-operative complications	flatus incontinence (1,2%) – soiling (3%)
Complete wound healing	20 ±2,7 days
Recurrence	4,9%
Overall satisfaction rate	94,3%

CONCLUSION: The ideal surgical treatment for CAF must be effective and sphincter-saving. Fissurectomy with anoplasty for chronic anal fissure is effective with a very low recurrence rate and no influence on continence.

References: 1) Higuero T. Update on the management of Anal Fissure; *J Visc Surg* (2015) 152: s37-s43 2) Hyman N. Incontinence After Lateral Internal Sphincterotomy: A Prospective Study and Quality of Life Assessment; *Dis Colon Rectum* (2004) 47: 35–38 3) Beatty JS et al. Anal Fissure; *Clin Colon Rectal Surg* (2016) 29: 30–37