Lateral Internal Sphincterotomy

Lateral internal sphincterotomy is an operation to treat an anal fissure, a tear in the opening of the anus that can cause pain, itching, and bleeding.

Anal fissures are caused by spasm of the anal muscles and can cause anal pain that can be quite severe, usually during and after a bowel movement. Anal fissures are usually treated with warm water baths and medications. When those do not work, a lateral internal sphincterotomy may be performed. This operation heals an anal fissure that is not improving with medications alone. Lateral internal sphincterotomy can be performed with either local anesthesia or sedation.

The surgeon starts by carefully inspecting the anal canal with a short, rigid anoscope. Once the anal fissure is identified, the operation may continue via one of 2 surgical approaches: open or closed lateral internal sphincterotomy.

In the open approach, a small incision is made in the left or right side of the anal skin to expose the internal anal sphincter muscle fibers. The surgeon lifts up the internal anal sphincter muscle and divides it using a knife or thermal cautery. Cutting the muscle relaxes the pressure in the anus and allows the fissure to heal.

The closed approach is similar to the open technique but instead of starting with a skin incision, the surgeon will feel for a groove between the internal and external sphincter muscles. Once this groove is identified, a scalpel is inserted into this space and carefully turned toward the internal sphincter, and the muscle is then divided.

The surgery itself usually takes less than 30 minutes.

Postsurgery Care at Home

Many patients feel sore for the first 2 or 3 days after surgery. Some have a small amount of bleeding and drainage from the anus. This is normal. After lateral internal sphincterotomy, patients should continue to soak in warm baths to relax the anus and take fiber to minimize constipation and reduce straining during bowel movements. It takes approximately 6 weeks for the anus to completely heal, but patients usually return to normal activities within 1 to 2 weeks after surgery.

After surgery, contact your surgeon if you experience fever higher than 100.4 °F, shaking chills, unusually large amounts of rectal bleeding, or inability to control flatulence or bowel movements that continues for longer than a few weeks.

FOR MORE INFORMATION

American Society of Colon & Rectal Surgeons
fascrs.org/patients/diseases-and-conditions/a-z/anal-fissure

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