

## **Anal Fissure LATERAL SPHINCTEROTOMY**

THESE STEPS COVER ACUTE ANAL FISSURE - A CHRONIC ANAL FISSURE AND RECURRENT ANAL FISSURE.

STEPS

PRELIMINARIES

ANAESTHESIA

POSITION

STANCE

TOWEL UP

INSEPTION

RETRACTION

SPINCTEROTOMY

HAEMASTASIS

FINAL TOUCHES

PRELIMINARIES

CHECK THE CORRECT PATIENT AND CHECK THAT THERE IS NO OTHER PROCEDURE TO DO.

ANAESTHSIA - GENERAL ANAESTHESIA is preferable though cordal epidural and spinal anaesthesia are acceptable alternatives.

POSITION - Lithotomy

RETRACT THE MALE GENITALIA in a sling of 4" elastoplast.

MAKE SURE THE PATIENT LIES FAR ENOUGH DOWN THE TABLE - The patients coccyx should be visible.

CLEAN THE SKIN from the posterior border of the genitalia to the coccyx and from one gluteal fold to the other. Use 2 applications of 0.5% Chlorhexidine in 70% Propanol and dry off.

TOWEL UP using leggings and a split sheet to display the skin from the posterior border of the genitalia to the coccyx and from one gluteal fold to the other. Secure the towels with towel clips.

INSPECT THE PERI-ANAL SKIN for a pile and for other pathology such as skin tags, fistulas and eczema.

OPEN UP THE ANAL CANAL with an anal retractor. You may need to stretch the sphincter digitally gently to allow the instrument to pass.

DISPLAY THE FISSURE - which will normally lie posteriorly It is a longitudinal split in the anal skin with a 5 mm pile at its distal limit. If there is any doubt about the tissue a biopsy should be taken.

ROTATE THE RETRACTOR so that the right lateral wall of the inside of the anal canal is exposed.

PALPATE THE INTERNAL SPINCTER through the anal mucosa. This feels like a firm band 2 cms. wide running circumferentially between the two blades of the retractor. It should be stretched by the blades.

CUT THE SPINCTER between the two blades of the retractor. Insert a fine blade (Swan and Morton ) through the sub-mucosa just distal to the band of spincter muscle through a puncture wound. Have the cutting edge of the blade facing the muscle. Run the blade in the sub-mucosa 2 cms. proximally. Cut through the thickness of muscle with one or two sweeps of the blade. You will feel the muscle give way under the sub-mucosa.

CHECK THE SPINTEROTOMY IS COMPLETE by palpating the lateral wall of the anal canal. The band of muscle should no longer be palpable.

CONTROL BLEEDING from the puncture wound as required with a gauze held with finger tip for 2 minuts.

DRESS THE WOUND with a Paraffin gauze dressing. Cover the gauze with a Cotton Wool roll held in place with elasticated net pants.

#### **FINAL TOUCHES**

REMOVE THE ELASTOPLAST SLING from the genitalia.

End of Operation.