

Meeting abstract

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Complications and results of lateral internal sphincterotomy for chronic anal fissure

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Background

Treatment of chronic anal fissure has been directed at relaxing increased sphincter tone. Lateral internal sphincterotomy (LIS), since its introduction in 1951 by Eisenhammer, has been considered the gold standard approach with healing rate of approaching 95%. However, concerns have been raised about postoperative impairment of faecal incontinence after LIS. Actually, the incidence of faecal incontinence reported in literature varies widely from 1.3% to 30% or more. Several factors have been associated to affect LIS outcomes and morbidities, first of all accurate surgical technique, length of sphincterotomy, previous anorectal surgery, additional procedures and obstetric history.

Materials and methods

Between January 2004 and December 2006, 200 consecutive patients with chronic anal fissure, non responsive to previous treatment with nitroglycerin ointment or nifedipine, underwent LIS. Duration of operation, postoperative pain, duration of hospital stay, postoperative complications, time to resumption of work, recurrence and time to recurrence were assessed in all patients.

Results

The median operative time was 11 minutes (range 5–20); the median postoperative pain VAS score was 2 (range 0–4); every patient was mobilized on between 2 and 4 hours after surgery; the median hospital stay was 8 hours (range 7–10); the median time off work was 11 days (range 5–20 days). Neither impairment of faecal incontinence nor

relapse was detected in all patients at the end of observational period.

Conclusion

Once again, SLI appeared as a high successful tool to treat chronic anal fissure after failure of chemical sphincterotomy. Furthermore if technical guidelines are rigorously respected and the device is correctly applied, feared late complications, i.e. faecal continence impairment, are largely reduced.