Dr. Rosenfeld’s Partial Lateral Internal Sphincterotomy for Fissure-in-Ano Instruction Sheet

You will be having surgery to treat an anal fissure. A fissure is a tear of the perianal skin (the skin around the anus). Generally the tear comes from having an internal sphincter muscle that is too tight. The two sphincter muscles that wrap the anus include the internal sphincter (the one you have no control over) and the external sphincter (the one you squeeze when you get the urge to pass gas in the mall). Multiple studies have shown that the resting internal sphincter tone is higher in patients with fissures as compared to patients without fissures. After you develop a fissure (tear), the internal sphincter muscle squeezes down very hard which is similar to cutting your finger and then letting someone squeeze the cut on your finger (OUCH!). In order to help the fissure heal it is important to try to relax the internal sphincter muscle. Usually sitting in a warm tub helps the pain because warm or hot water relaxes the muscle, which therefore takes the squeeze off the cut. This relief is usually temporary. Another method used to relax the internal sphincter is to apply Nitropaste or Diltiazem ointment. Most likely, if you are reading this information, you have tried these therapies and it is no longer working or it never worked from the start. After conservative therapy has failed the next step is to cut a small amount of the internal sphincter in order to permanently relax the muscle. Only a small amount of muscle is cut and therefore, there is very little risk of incontinence. The majority of papers show that if patients have any type of incontinence it is to gas or liquid stool and not solid stool. Also, during surgery I will fulgurate (burn) the fissure to help the area heal. Furthermore, most likely I did not get to look at your internal hemorrhoids as you were in pain during the office exam. In the operating room I will get a good look at your hemorrhoids and if they appear too large I will perform a hemorrhoidectomy at the same time. Large hemorrhoids and fissures usually go hand in hand as the tight internal sphincter pressure causes chronic engorgement of the hemorrhoids. I only perform a hemorrhoidectomy about 5% of the time as usually the hemorrhoids are large, but not large enough to warrant an excision. Risks to the surgery include but are not limited to: incontinence, bleeding, recurrence, infection or abscess which can lead to a fistula, stroke, heart attack, clots in the legs that can dislodge and go to the lungs, anesthesia complications, and even death. You need to take off a week from work to recover. After surgery you will receive a post operative instruction sheet discussing everything you need to know. Before you undergo the operation you will need to follow the instructions below.

1) Location: Your surgery has been scheduled at:
   a) Simi Valley Hospital - (805) 955-6000
      2975 N. Sycamore Drive
      Simi Valley, CA 93065
   b) Aspen Surgery Center (805) 955-8170
      2750 N. Sycamore Drive
      Simi Valley, CA 93065

2) Schedule:
   a) Date: 
   b) Time: am / pm

3) Arrival:
   a) You must arrive at am / pm
   b) You must have someone drive you to and from your procedure. You are not allowed to take a cab or other limo service home. You must leave the facility with a responsible adult.

4) Registration: You must arrive and register at the facility at the above arrival time
5) **Medication:**
   a) If you take prescribed medication every morning, you may do so on the morning of the colonoscopy with just a sip of water.
   b) If you are a diabetic on insulin, take ½ of your morning dose on the morning of the colonoscopy.
   c) For an ache or pain you may use Tylenol as it contains no aspirin.
   d) **IMPORTANT:** You are not allowed to take any of the following medications starting **7 days prior to the procedure:**
      i) Aspirin, Ibuprofen (Motrin), Advil, Bayer, Bufferin, Anacin, Excedrin, Alka-Seltzer or any other medicine containing aspirin. Discontinue Redux or any kind of diet pills.
   e) **Important:** Please notify the office if you take:
      i) **Coumadin (Warfarin), Plavix or Persantine (Dipyridamole).**

6) **Travel:** You must be in town for 2 weeks after the procedure. If you have plans to travel within this time we will need to reschedule the procedure or you will need to change your plans.

7) **Questions:** Call my office (805) 579-8972 at any time if you have questions.

8) **Bowel Prep:**
   a) No bowel preparation is necessary. SEE BELOW

9) **Working After Surgery:**
   a) You must take a week off of work. You are having surgery and no matter how small, you will have pain and shouldn’t work for one week.
   b) You will receive a post operative instruction sheet detailing what you need to know about your recovery.

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### START THIS SCHEDULE ON THE **DAY BEFORE SURGERY**

<table>
<thead>
<tr>
<th>Morning until Midnight Day Before Surgery</th>
<th>Midnight Night Before Surgery</th>
<th>The Morning of Surgery</th>
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<tbody>
<tr>
<td>You may eat anything you want all day.</td>
<td>Do not eat or drink anything after midnight</td>
<td>If you take medications on a regular basis you may take them with a <strong>sip</strong> of water (see the above instructions regarding medications)</td>
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