

Children's Services

Anal Fissures in children

Throughout this leaflet some medical terms are used and are described here for your benefit.

Faeces	Poo, stool
Defaecation	Having your bowels open, doing a poo
Rectum	The very end of your gut where faeces is stored
Soiling	Involuntary passage of faeces, produces 'skidmarks' or 'accidents'

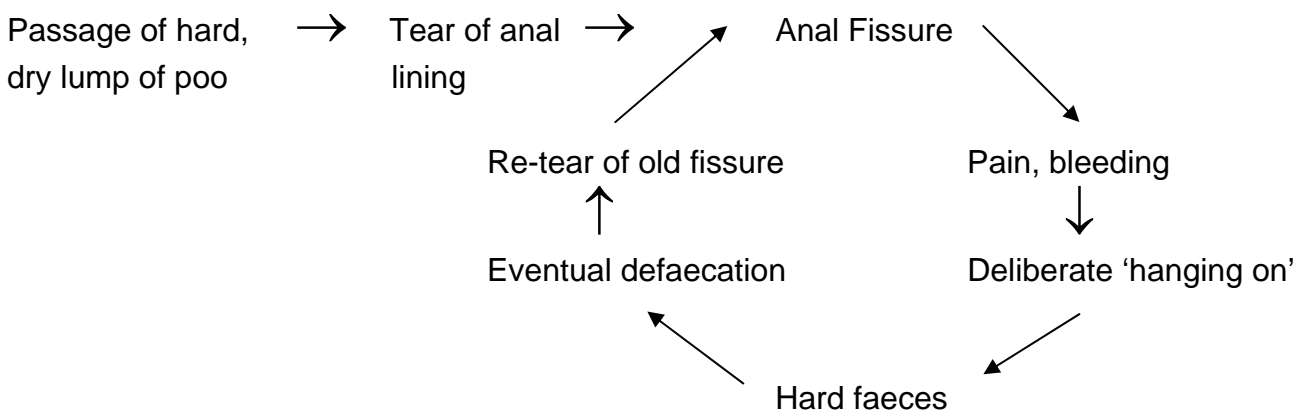
The relationship between anal fissures and constipation

Children who are found to have an anal fissure are often found to be constipated. Constipation is where there is a delay and/or difficulty with defaecation. This means that the child defecates less frequently than is normally acceptable for them so that the bowel then becomes full of faeces and over stretched. The faeces may be hard and there may be problems knowing when to defecate if the lower bowel is always full of faeces, resulting in soiling.

What is an anal fissure?

Anal fissures are common and usually occur in pre school children. An anal fissure is caused by the passage of hard faeces which tears the delicate anal lining. The tear means that defaecation becomes very painful, the child may scream and blood may be seen on the faeces or toilet paper.

A cycle can easily develop as follows:



To break this cycle it is important to make the faeces soft and ensure defecation is regular. Regular, soft faeces usually allow healing of the fissure. Despite healing, the memory of the pain and anticipation of it last much longer. It is therefore critical that treatment is not stopped, but gradually weaned down.

Treatment

The aim of treatment is to ensure that soft faeces are passed regularly with minimal straining. This can be achieved by

1. Ensuring a good fluid intake
2. Encouraging a balanced nutritional diet which contains plenty of fruit
3. Use of lactulose and/or senakot ('senna') which have separate but complimentary functions.

Lactulose

Lactulose is a modified sugar ('lactose' is the sugar found in milk). Lactulose is not absorbed but instead, it passes through the stomach and the small bowel and into the large bowel ('colon'). Lactulose draws water into the colon making faeces soft. However, lactulose needs to be given at regular intervals during the day (usually two or three times daily) with meals.

Senakot

The active ingredient in senakot is similar to ones found in prunes and figs. Senakot works differently to lactulose. Instead of softening faeces, senakot makes the bowel contract, pushing the faeces along. This usually happens six to ten hours after senokot is taken, therefore, if your child is given senakot at bedtime they will usually defecate after breakfast.

What are the side effects of lactulose and senakot?

1. Too much lactulose/senakot can produce diarrhoea.
2. Lactulose is very sweet so extra care should be taken with cleaning your child's teeth.
3. When taking senakot there may well be stomach cramps (colic) caused by the bowel contracting and pushing the faeces along. (However, constipation can also cause stomach cramps).
4. Lactulose can cause wind which can be uncomfortable.

Doses of drugs

The treatment of constipation with lactulose and senakot is very different from the treatment of other illnesses with medicines such as antibiotics. Antibiotics need to be given in an accurate dose, at fixed times and for a fixed number of days. In contrast, every child requires a different dose of lactulose and senakot. The correct dose for the child is the one that will consistently produce regular soft faeces (hopefully daily). It can take a few days/weeks to find the correct dose for each individual child.

Lactulose can be given two to three times per day but it is important that senakot is given as a single dose each day.

Length of treatment

There are no risks involved with taking lactulose/senakot for prolonged periods of time. If your child has been having problems with their bowels for six months or more it may well take that length of time to sort them out completely. When the bowel is full of hard faeces it becomes over stretched. As it shrinks back to its normal size it will function more efficiently and therefore the need for lactulose/senakot is reduced. However, treatment can not be simply stopped suddenly. The worst thing that can happen is for the correct doses of lactulose/senakot to be reached, your child to defecate daily and then for treatment to be stopped suddenly because everything will revert back to the original constipated state.

Having established the correct dose of lactulose and senakot for your child it is important to continue treatment for at least one month to allow the bowel to settle into its new rhythm. After at least one month has passed the dose can be reduced **very slowly** (eg by 2.5mls / half a teaspoon per week). If the problems re-occur, then increase back to the original dose.

Summary

- Encourage your child to drink plenty of fluids and to eat fruit.
- Increase lactulose to make faeces softer.
- Increase senakot to ensure your child defecates.
- Brush teeth after giving lactulose/senakot to prevent tooth decay.
- The correct dose of lactulose/senakot is being given when your child is producing regular soft faeces.
- Keep giving the correct dose for at least one month before trying to gradually reduce it.

For more information please contact:

Name:

Contact number:

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Cantonese

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Gujarati

A richiesta questo documento è anche disponibile in altre lingue, a caratteri grandi e in formato audio.

Italian

ئەم بەلگەییە ھەرۆھە بە زمانەکانی کە، بە چاپی درشت و بە شریتی تەسجیل دەس دەکەوێت

Kurdish

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سنسنے والے ذرائع پر بھی میسر ہے۔

Urdu



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Document History

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