

Anal Pain



ASCRS

American Society of
Colon and Rectal Surgeons

Anal Pain

Anal pain can occur before, during or after a bowel movement. It can range from a mild ache that can get worse over time to pain that is bad enough to restrict daily activities. Anal pain has many causes, most of which are common and treatable. However, if anal pain does not go away within 24 to 48 hours, it is important to see your physician. If fever is present with anal pain, a more urgent appointment is needed.

Common Causes of Anal Pain

Thrombosed External Hemorrhoid: This is a blood clot that forms in an outer hemorrhoid in the anal skin. If the clots are large, they can cause pain when you walk, sit or have a bowel movement. A painful anal mass may appear suddenly and get worse during the first 48 hours. The pain generally lessens over the next few days. You may notice bleeding if the skin on top opens. Nonsurgical treatment includes warm tub baths (sitz baths), pain medications and stool softeners. Most experts recommend that the blood clots be removed surgically. This short surgery can be done in the surgeon's office or at the hospital under local anesthesia.

Anal Fissure: The anal canal is a short tube surrounded by muscle at the end of your rectum. The rectum is the bottom section of your colon (large intestine). An anal fissure (also called fissure-in-ano) is a small rip or tear in the lining of the anal canal. Fissures are common, but they are often confused with other anal conditions, such as hemorrhoids. The goal of all nonsurgical

treatments is to make stools soft, formed and bulky. Treatments include a high-fiber diet and over-the-counter fiber supplements (25-35 grams of fiber/day); over-the-counter stool softeners; warm tub baths (sitz baths) for 10 to 20 minutes, a few times per day; and several types of medication. Although most anal fissures do not require surgery, chronic ones are harder to treat and surgery may be the best option. The goal of surgery is to help the anal sphincter muscle relax, which reduces pain and spasms, allowing the fissure to heal.



Anal Abscess and Fistula: An abscess is an infected cavity filled with pus near the anus or rectum. In most cases, an abscess is treated by draining it surgically. A fistula is a tunnel that forms under the skin, connecting the clogged, infected glands to the abscess and out to the skin near the anus. Surgery is often needed to cure an anal fistula. Sometimes these surgeries are simple; however, more difficult cases may need multiple surgeries to take care of the problem.

Fungal Infection or Sexually Transmitted Infection: Patients with fungal infections or infections caused by sexually transmitted



diseases (STDs) may have mild to severe anal or rectal pain. STDs include gonorrhea, chlamydia, herpes, syphilis, HPV, etc. The pain is not always tied to having bowel movements. Other signs may include minor anal bleeding, a discharge or itching. Treatment includes topical or oral antibiotics and antifungal medications.

Skin Conditions: Skin disorders that affect other parts of the body (e.g. psoriasis, warts) may also affect skin around the anus. Anal itching, bleeding and pain may come and go. In some cases, a skin biopsy is needed. Treatment is tied to the results of the skin biopsy and/or physical exam. Early diagnosis is key so treatment can begin as soon as possible.

Anal Cancer: While most cases of anal pain are not cancer, tumors can cause bleeding, a mass and changes in bowel habits, as well as pain that gets worse over time. If you have pain or anal bleeding that does not go away or gets worse, see a colon and rectal surgeon as soon as possible. The first office visit includes a physical exam, exam of the anal canal with a small, lighted scope (anoscopy) to visualize any abnormal areas and biopsy

of the mass. If the pain is too bad for an exam in the office, your surgeon may need to perform an exam under anesthesia to make a proper diagnosis. Treatment of anal cancer or other anal tumors may involve chemotherapy, radiation and/or surgery.

When should I seek help from my medical provider?

You should see a physician if:

- Pain comes back or doesn't go away.
- There is ongoing rectal bleeding.
- You can feel a mass that does not get better.