Patient Information

Royal Devon University Healthcare
NHS Foundation Trust

Examination Under Anaesthesia (EUA) and Injection of Botulinum Toxin A (Botox or Dysport)

Introduction

We expect you to make a rapid recovery after your operation and to experience no serious problems. However, it is important that you should know about minor problems, which are common after this operation, and also about more serious problems that can occasionally occur. The section ***"What problems can occur after the operation?"*** describes these, and we would particularly ask you to read this. The headings from this section will also be included in the consent form you will be asked to sign before your operation.

What is an anal fissure?

An anal fissure is a tear or an open sore in the lining of your anal canal. The most common symptoms of an anal fissure include a sharp pain in your bottom when opening your bowels. This may also be accompanied by some bright red blood that you notice on the toilet paper upon wiping or notice in the toilet bowl.

Anal fissures are usually caused by the tearing of the lining of your anal canal when passing a hard or large stool.

Alternative treatments

There are a number of treatments your doctor would have tried before suggesting an EUA and injection of Botox/Dysport to treat your anal fissure. These include:

- dietary advice and laxatives to keep your stool soft to prevent irritation of the fissure;
- or GTN or Diltiazem cream to apply around your bottom for 6 weeks. This is used to relax the muscles around your bottom to help allow your fissure to heal.

Reasons for having an EUA and injection of Botox/Dysport

If the initial treatments (listed in the alternative treatments section) have not helped then your doctor may suggest having an EUA and injection of Botox/Dysport.

What does the procedure involve?

You will be brought in to hospital and be given a general anaesthetic. Once you are asleep your doctor/practitioner will examine your bottom to assess the severity of the fissure and then inject the Botox/Dysport into your sphincter muscles (muscles that open and close when passing a stool). This will relax the muscles to help reduce the pain you are experiencing and to allow the fissure to heal.

You may require a further injection at a later date if your fissure is particularly severe, or the fissure returns.

Part of the procedure is a thorough examination. During this your surgeon may find that you have a slightly different condition than originally expected. Your surgeon will then perform the most appropriate type of surgery for your specific condition.

This may involve placing a telescope into your bottom to have a look at the inside of your bowel

(sigmoidoscopy). If there are any areas of the bowel or surrounding tissues that look slightly unusual then your surgeon may take a sample of tissue from this area (biopsy). This is taken so that your surgeon can plan the most appropriate treatment for your condition. If your surgeon finds a polyp, skin tags or warts then they decide to excise these if they are felt to be contributing to your symptoms. If the surgeon finds that you have small haemorrhoids (piles) that again are felt to be contributing to your symptoms, they may attach small rubber bands onto these to reduce the blood supply to the haemorrhoid and allow the haemorrhoid to decrease in size - these bands will fall off on their own.

If your surgeon has needed to carry out any other procedure than originally expected to ensure that you have received the best treatment for your specific condition, they will discuss this with you before you are discharged home.

What happens before the operation?

1-2 weeks before

You will be given an appointment to attend a preoperative assessment. During this appointment you will be examined. You will discuss your medical history and fitness levels and have a number of tests done. This is done to ensure that you are both fit for an anaesthetic and to assess whether you will have the procedure in the main hospital or a community hospital. A blood test may also be taken. Please bring a list of medications that you are taking along with their doses to this appointment.

The day of the procedure

You will be given a time to come in to hospital and where to report to. Once you arrive you will be shown where you can sit. Please be aware that there will be periods of waiting depending where you have been placed on the list. During this time you will be seen by a number of people including a nurse, an anaesthetist and a surgeon prior to having your procedure. You will also be asked to change into a theatre gown (please remember to remove your underwear), and remove any jewellery and make up/nail varnish.

Time of the procedure

You will be collected by a nurse and walked down to the anaesthetic room (if you are able) where you will be asked to remove your dressing gown and shoes and get onto the theatre bed (trolley). Once on the trolley you will have a cannula put into the back of your hand or the inside of your elbow so that the anaesthetic drugs can be given. You will have stickers placed onto your chest to monitor your heart rate, a cuff placed on your arm to measure your blood pressure. A probe will be placed on your finger to monitor your oxygen levels and a mask supplying oxygen will be placed on your face.

The anaesthetic

You will be given a short acting general anaesthetic. This will ensure that you are asleep and comfortable for the procedure, but should allow you to wake up quickly after the procedure without feeling too ‘groggy’. You will be able to eat and drink straight away upon waking.

You must ensure that you have somebody to collect you from hospital and have somebody to stay with you overnight as you maybe still experiencing the effects of the anaesthetic.

The risks of a general anaesthetic

General anaesthetics have some risks, which may be increased if you have chronic medical conditions, but in general they are as follows:

- **Common temporary side effects** (risk of 1 in 10 to 1 in 100) include bruising or pain in the area of injections, blurred vision and sickness, these can usually be treated and pass off quickly.
- **Infrequent complications** (risk of 1 in 100 to 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary problems with speaking.
- **Extremely rare and serious complications** (risk of less than 1 in 10,000). These include severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye injury, and damage to the voice box. These are very rare and may depend on whether you have other serious medical conditions.

What happens after the operation?

When you wake up you will be asked about your comfort levels – a small amount of discomfort should be expected. Simple analgesia such as paracetamol can be taken to help with this. A nurse will take your blood pressure, oxygen levels and heart rate. You will also be offered something to eat and drink and encouraged to mobilise.

Once you feel ready to leave – generally within 1-2 hours after the operation, a nurse will remove the cannula from your hand or arm, go through your medications to take home and any follow up appointments (if required). Once somebody has arrived to take you home you will be free to leave.

What problems can occur after the operation?

Every operation carries a risk – this can be increased by pre-existing health conditions and general poor fitness of the patient. This is relatively low risk surgery. Most people will not experience any serious complications from their surgery, but risks do increase with age, and for those with heart, chest or other medical conditions, such as diabetes, obesity, or if you smoke.

Generalised operative risks include:

- **Bleeding** - you can expect very little bleeding with this procedure, this is rarely a major problem.
- **Wound infection** - you are very unlikely to develop an infection from this procedure, however, If you notice redness, swelling, discharge from your wounds, tell your nurse, or contact your GP if you have gone home.
- **Chest infection** - to try and prevent this it is important you practice deep breathing, as explained below. Stopping smoking as long as possible before your operation will also help.

Thrombosis (blood clot) - deep vein thrombosis is a possible problem, but is uncommon. If you are at particular risk then special precautions will be taken to reduce the risk. Moving your legs and feet as soon as you can after the operation and walking about early, all help to stop thrombosis occurring.

Procedure specific risks include:

- **Flu like symptoms** - this is unusual but can occasionally occur following the procedure. They generally last a few days and resolve without needing treatment.
- **Non resolution of symptoms** - there are times when unfortunately the treatment does not help your symptoms, your doctor will discuss with you further options.
- **Faecal incontinence** - this is very rare, you may experience problems controlling flatus (wind), liquid or solid stool. This is usually temporary and generally resolves in approximately 12 weeks.

What should you do if you develop problems?

If you are worried about any symptoms following your procedure then please contact your GP.

Do you need to return to hospital for a check?

You may be given a follow up appointment in 2-3 months following your procedure to reassess your symptoms. This may be face to face or by telephone with one of your consultant's team.

Who should you contact in an emergency?

Immediately after surgery you may contact the day case unit where you had your procedure, otherwise please contact your GP or the Emergency Department.