

American College of Gastroenterology

Digestive Disease Specialists Committed to Quality in Patient Care

Common Gastrointestinal Problems

A Consumer Health Guide

Common GI Problems in Women: Rectal Problems

The rectum refers to the last four or five inches of the digestive tract. The rectal outlet or opening is called the anal canal or anus. Problems in this area are common, but many adults are too shy or embarrassed to ask their doctor about them. Fortunately, most of these problems are treatable when recognized early and properly diagnosed. Remember that symptoms of rectal pain or bleeding should always be thoroughly evaluated by your doctor.

Anal Fissure

What is an anal fissure?

This is a fairly common condition in which the lining of the anal canal becomes torn. This generally produces pain or a burning sensation, especially with passage of a bowel movement. Bleeding may also occur. A fissure usually occurs after the passage of a large, hard bowel movement.

How is a fissure diagnosed?

When an anal fissure is present, a digital examination is usually painful. The fissure can usually be visualized by external inspection of the anus or an anoscope can be used to determine the extent of the tear.

How is an anal fissure treated?

The best treatment is prevention; ingestion of a high fiber diet to promote bowel regularity is of utmost importance.

- * Sitz baths several times day
- * Stool softeners
- * Creams and/or suppositories (Preparation-H® or Anusol®).
- * Some doctors will recommend nitroglycerine ointment or injection of botulinum toxin, Botox®.

Most fissures will heal within several weeks, but surgery may be necessary if symptoms persist. Surgery consists of cutting a portion of the anal sphincter muscle. This reduces tension of the anal sphincter and promotes healing. Risks of surgery include loss of bowel control, or accidental incontinence of stool.

Anal Abscess or Fistula

What is an anal abscess/fistula?

An abscess is a cavity filled with pus. This usually results from a blockage of the anal glands located just inside the anus. A fistula is a connection or tunnel between the anal gland and the buttocks, usually very close to the anal opening. An anal fistula is almost always the result of an anal abscess. There are other problems such as Crohn's disease which may be the underlying cause of the fistula.

What are the symptoms of an anal abscess/fistula?

An abscess produces considerable pain and swelling just adjacent to the anal opening. Fever may also be present. A fistula produces drainage from the anal canal to the opening of the fistula on the buttocks.

How is a fistula treated?

Medical Treatment: When a fistula is caused by Crohn's disease, your doctor may recommend treatment with medicines such as, metronidazole, Flagyl®, azathioprine, Imuran®, or infliximab, Remicade®.

Surgical Treatment: Generally the sphincter muscle is cut to open the tunnel, thereby connecting the internal and external openings of the fistula. A groove is formed which then slowly heals and forms scar tissue. During the healing process, stool softeners and Sitz baths are frequently recommended.

Fecal Incontinence

What is fecal incontinence?

Fecal incontinence is the accidental loss of stool. Causes of fecal incontinence in adults include back trauma, sphincter disruption as a result of accidents, anorectal surgery, or obstetrical trauma, and medical illness such as multiple sclerosis and diabetes mellitus. Many women have suffered nerve or muscle injury to the anal sphincter caused by forceps-assisted delivery, prolonged second stage of labor, or delivery of large baby, and this can contribute to fecal incontinence.

How is incontinence evaluated?

The doctor should look at the anorectal area to see if there are any changes, scarring, fissures, or prolapse (protrusion) of the rectum. A digital examination with the doctor inserting a finger into the rectum should be performed to determine if there is an impaction of stool, to assess muscle tone at rest and with squeeze effort, and to exclude a rectal mass. Anal manometry is a specialized test that can measure the pressures generated by the anal sphincter muscles at rest and with maximal squeeze effort. X-rays may identify physical abnormalities of muscle function. This examination involves the placement of barium paste simulating stool into the rectum and asking the patient to defecate, strain, or squeeze while taking x-ray pictures. Ultrasound can be used to evaluate the muscles and other structures of the anal area.

How is incontinence treated?

Treatments for incontinence include dietary modification, medicines, biofeedback, and surgery. Avoid foods that promote production of gas, and foods containing ingredients such as lactose, fructose, and sorbitol. Fiber supplements can increase bulk and add form to the bowel movement and result in improved control. Kegel exercises to strengthen the pelvic floor muscles may improve anorectal control. Loperamide HCl, Imodium®, or diphenoxylate HCl, Lomotil® may decrease stool volume and frequency, improve stool consistency, or perhaps directly affect the sphincter muscles.

What Everyone Should Know About Rectal Problems

What is biofeedback?

Biofeedback is a conditioning technique. Patients are taught how to work and strengthen the sphincter muscles. For successful results, the patient must be motivated, have some degree of rectal sensation and intact nerve and muscle function of the anal sphincter.

Is surgery helpful?

Surgery is often considered as primary therapy if rectal prolapse is the cause of incontinence. Obstetrical injuries, trauma and disruption of the sphincter are usually managed by primary repair of the defect. Pre-operative testing of nerve and muscle function may help to identify those who may benefit from surgery.

Rectal Pain

What are the causes of rectal pain?

Rectal pain may result from structural conditions such as hemorrhoids, fissures, fistula, or abscess.

What is levator syndrome?

The levator syndrome presents with an aching rectal pain related to spasm of the muscles of the pelvic floor. It is important for the doctor to evaluate the area to exclude inflammation or even an infectious problem such as Herpes virus. The levator syndrome is more commonly seen in women. The tenderness is often localized to the left side. Treatment consists of reassurance, application of heat, and massage. Electro-galvanic stimulation may break the spasm pain cycle by delivering a high voltage-pulsed voltage-pulsed current using a rectal probe.

Are there other causes of rectal pain which should be ruled out?

Another unusual cause of rectal pain is *coccygodynia* (pain in the coccyx or tail bone). This may be the result of traumatic arthritis or may even result from child birth trauma. This pain may be triggered by bowel movements. Other rare causes of rectal pain include tumors of the spine, pelvis and rectum and endometriosis.

Pruritus Ani

What is pruritus ani?

This refers to itching around the anal area. It is often most troublesome at night or following a bowel movement.

What causes pruritus ani?

Excessive cleaning or wiping of the anal area is frequently the culprit. Excessive sweating in the area around the anus is another cause. Certain beverages, including alcohol, citrus, and caffeine-containing drinks may aggravate the problem. Rarely, infectious and skin conditions can cause pruritus ani. *Poor hygiene is usually NOT the cause.* Unfortunately, when the problem develops, individuals often compound the problem by excessively washing and cleaning the anal area, only to aggravate the symptoms.

How is pruritus ani treated?

Avoid irritating soaps, especially those containing perfumes. Gently blot the area clean with a moist wash cloth, never excessively rub or scratch, and keep dry with powder. Eliminate irritating foods and beverages such as coffee, alcohol and spicy foods.

Rectal Prolapse

What is rectal prolapse?

Rectal prolapse refers to the condition where the tissue of the rectum protrudes out of the anal canal. This protrusion may be temporary, but may become permanent over time when the end of the rectum cannot be pushed back into the canal. This condition often results in constant leaking of stool and/or mucus. While the symptoms may be similar to those produced by hemorrhoids, in this condition there is protrusion of the rectum itself and not just a swollen hemorrhoid.

What causes prolapse?

This is often caused by a long-standing habit of straining to have a bowel movement. In some cases there is a genetic predisposition. Others have a weakness of the pelvic muscles and loss of control of the anal sphincter, the muscle which controls the release of stool. In some cases, a neurologic condition can lead to prolapse.

How is prolapse treated?

Unfortunately, once prolapse develops, surgical correction is often necessary. The type of operation performed depends on the severity of the prolapse, the age of the individual, and the presence of other health problems. As with most disorders of the anorectal region, prevention is best, and a high fiber diet and good bowel habits are most important.

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