CIRUGÍA ESPAÑOLA

www.elsevier.es/cirugia

Original article

Results of the National Survey on the Treatment of Chronic Anal Fissure in Spanish Hospitals☆

M. del Mar Aguilar, Pedro Moya, M. José Alcaide, Alba Fernández, M. Amparo Gómez, Jair Santos, Rafael Calpena, Antonio Arroyo*

Hospital General Universitario de Elche, Servicio de Cirugía General y del Aparato Digestivo, Elche, Alicante, Spain

ARTICLE INFO

Article history:
Received 7 December 2016
Accepted 28 September 2017

Keywords:
Chronic anal fissure
Health survey
Therapeutic management

ABSTRACT

Introduction: The treatment of chronic anal fissure (FAC) differs depending on the professional. To come to a consensus, the current situation in Spain should be studied.

The aim of this study is to evaluate the current situation of the management of FAC in Spanish hospitals.

Methods: Descriptive study, with data from a survey of surgeons of the Spanish Association of Coloproctology. Data was collected according to the doctor's autonomous community, type of hospital and professional category; FAC management data and 3 clinical cases.

Results: Response was obtained from 152 surgeons. Pharmacological measures stand out as the first therapeutic step (93.38%). In patients with hypertonia and with no risk factors for fecal incontinence (FI), 55.9% use hygienic-dietary measures associated with nitroglycerin ointment (MHG+NTG). The second step is internal lateral sphincterotomy (ELI) (43.4%). MHG+NTG (75.7%) is used in patients with FI risk factors and in case of failure, ELI is used with a prior ultrasound and/or manometry. In young patients with unexplained hypertonia and incapacitating proctalgia with no risk factors for FI, MHG+NTG (55.9%) is used and, if it is not successful, they are treated with ELI (46.1%).

Conclusions: The management of FAC in Spain shows similarities with the international guideline suggestions. Nevertheless, some differences can be seen from the first stages of treatment.

Resultados de la encuesta nacional sobre el tratamiento de la fisura anal crónica en los hospitales españoles

Palabras clave:
Fisura anal crónica

RESUMEN

Introducción: El tratamiento de la fisura anal crónica (FAC) difiere en función del profesional. Para plantear un consenso, sería conveniente conocer el estado actual a nivel nacional. El

☆ Please cite this article as: Aguilar MM, Moya P, Alcaide MJ, Fernández A, Gómez MA, Santos J, et al. Resultados de la encuesta nacional sobre el tratamiento de la fisura anal crónica en los hospitales españoles. Cir Esp. 2018;96:18–24.

* *Corresponding author.*
E-mail address: mmar30052@gmail.com (M.M. Aguilar).

Encuesta de salud
Manejo terapéutico

objetivo del presente estudio es conocer la situación actual del manejo de la FAC en los hospitales españoles.

Métodos: Estudio descriptivo, con datos de encuestas a cirujanos de la Asociación Española de Coloproctología en las que se han recogido datos de la comunidad autónoma, tipo de hospital y categoría profesional, opinión sobre el manejo de la FAC en general y relativa a 3 casos clínicos específicos.

Resultados: Se ha recibido respuesta de 152 cirujanos. Las medidas farmacológicas constituyen el primer escalón terapéutico (93,38%). En paciente con hipertonía y sin factores de riesgo de incontinencia fecal (IF), el 55,9% emplea medidas higiénico-dietéticas asociadas a pomada de nitroglicerina (MHG+NTG). El segundo escalón lo constituiría la esfinterotomía lateral interna (ELI) (43,4%). En paciente con factores de riesgo de IF, se utiliza MHG+NTG (75,7%) y en caso de fracaso, ELI previa ecografía y/o manometría. En paciente joven con hipertonía inexplorable y proctalgia incapacitante sin factores de riesgo de IF, se trataría con MHG+NTG (55,9%) y si fracasa, ELI (46,1%).

Conclusiones: El manejo de la FAC en España presenta similitudes con las recomendaciones que realizan las guías internacionales. Sin embargo, se observan algunas diferencias incluso desde las primeras opciones de tratamiento.

Introduction

Chronic anal fissures (CAF) are painful lesions of the anal region and one of the most frequent reasons for consultation with a surgeon. They consist of a linear ulcer that can extend from the pectineal line to the anal margin, usually located on the posterior midline of the anus. CAF cause symptoms that can significantly affect patient quality of life.

The condition is considered acute when it presents a short evolution and does not require more treatment than hygienic-dietary recommendations (HDR), which usually resolve in 6–8 weeks.[1] Once this time has elapsed, the fissure becomes chronic and, in addition to the time progression, the persistence of symptoms and other signs, such as the evidence on examination of a sentinel papilla or even the visualization of fibers of the internal sphincter, help establish the diagnosis.

Current CAF treatments are aimed at treating the cause. According to the most accepted etiopathogenic theories, the most probable causes of CAF are hypertonia of the internal anal sphincter and local mucosal ischemia that occurs as a consequence of sphincter spasm, which contributes to the maintenance of the fissure and prevents its healing. Treatment should be aimed at reducing this elevated resting pressure, for which there are different therapeutic options, including: HDR; topical treatments such as nitroglycerin ointments (NTG) or calcium channel blockers (CCB); surgical measures, such as lateral internal sphincterotomy (LIS); and other techniques, such as intramuscular injection of botulinum toxin (BT).

Until a few years ago, LIS was the most widely used treatment, but the incontinence rate (mainly gases), which in some cases reached 45%,[2] have motivated research of the possibility of using chemical sphincterotomy.

Therefore, these treatments are the first steps of most international guidelines. However, today the management of CAF continues to be very surgeon-dependent, and differences are observed in the therapeutic management among medical professionals.

The objective of this study is to determine the current situation of CAF treatment in Spain.

Methods

We have conducted a descriptive study with data collected from surveys sent in 2015 to all surgeons who were members of the Spanish Association of Coloproctology Foundation (*Fundación Asociación Española de Coloproctología*), by email.

The survey (Fig. 1) consists of 18 questions. The first part includes questions regarding professional information of the surgeons surveyed. The second part presents 3 case reports and poses 6 questions about them. For more information about the overall management of anal fissure, the third case report refers to the treatment of acute anal fissure.

Fecal incontinence (FI) is defined as the uncontrollable and recurrent passage of fecal material for at least one month. Partial FI is defined as the inability to control gases or the appearance of soiling.

The statistical analysis has been done with SPSS version 24 computer software.

The descriptive statistics of the quantitative and qualitative variables have been analyzed. Likewise, a comparative study of the qualitative variables was carried out by applying the Chi-squared test and ANOVA for the analysis of quantitative and qualitative variables of 2 or more groups.

Results

Responses were received from 152 surgeons throughout Spain. A total of 71 hospitals participated: 36 public, 20 private subsidized and 15 private.