



Clinical Thresholds

Condition or Treatment	Anal Fissure
Commissioning Threshold	<p>Referral for surgery:</p> <ul style="list-style-type: none"> Anal fissures that are multiple, off the midline, large, or irregular (atypical fissures) should be referred, as these may be the manifestation of underlying disease (e.g. Crohn's disease, ulcerative colitis, anal herpes, syphilis, Chlamydia, gonorrhoea, AIDS, tuberculosis, or neoplasm). <p>OR</p> <p>Chronic fissures that have not healed after 8 weeks of treatment with topical GTN or Diltiazem 2% ointment</p>
Referral Guidance	<p>Exceptional cases can be referred to the CCG's Individual Funding Request Panel for prior approval.</p> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block; margin-top: 10px;"> <p style="margin: 0;">Referral Form</p> </div>
Effective from	April 2013
Summary of evidence / rationale	<p>Effectiveness of topical nitrates for healing</p> <p>Evidence on the effectiveness of topical nitrates for healing anal fissure:</p> <ul style="list-style-type: none"> A Cochrane systematic review concluded that, from the available evidence, glyceryl trinitrate (GTN) may be applied to acute or chronic fissures in adults, and to acute fissures in children with a chance of a cure that is marginally better than placebo. However, late recurrence of anal fissure is common (in approximately 50% of those initially healed). A Cochrane systematic review (search date: August 2010) aimed to assess the efficacy and morbidity of several medical treatments for anal fissure [Nelson et al, 2012]. Meta-analysis of 18 randomized controlled trials (n = 1315) compared the healing rate of anal fissure in people treated with topical GTN with people treated with placebo. Four of the trials included only children (n = 165). GTN was significantly better than placebo in a combined analysis and also in all of the sensitivity analyses related to adults. No significant difference in healing rates was found in children after a study with an abnormally low placebo response was excluded. <ul style="list-style-type: none"> Benefits of treatment: <ul style="list-style-type: none"> The healing rate in the treatment group in all of the 18 studies was 49% compared with 36% in the placebo group (P = 0.0009) Harms of treatment: <ul style="list-style-type: none"> The risk of headache when using GTN was 30%, using figures from all of the twenty-four studies that used GTN. (Six additional studies made other comparisons with GTN: botulinum toxin, calcium channel blockers, lidocaine, 'healer

	<p>cream', home dilators and partial, lateral, and internal sphincterotomy.)</p> <ul style="list-style-type: none"> ▪ Two case series of people who had apparently been cured by GTN reported recurrence rates of 51% and 67% <p>Effectiveness of topical nitrates for relieving pain</p> <p>Evidence on the effectiveness of topical nitrates relieving pain from anal fissure:</p> <p>In a non-systematic review of evidence from three randomized controlled trials (RCTs), a clinically-significant reduction in pain from chronic anal fissure when treated with rectal glyceryl trinitrate ointment (4 mg/gram compared with placebo) was demonstrated.</p> <ul style="list-style-type: none"> • A non-systematic review investigated the therapeutic efficacy of 0.4% nitroglycerin ointment for relieving pain from a chronic anal fissure [Fenton et al, 2006]. <ul style="list-style-type: none"> ○ The authors discussed three moderate-sized RCTs which involved 'intention to treat' analyses. ○ The authors concluded that 0.4% nitroglycerin ointment significantly decreased pain scores in people with a chronic anal fissure.
Date	October 2014
Review Date	October 2016
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References:

Clinical Knowledge Summaries Anal Fissure November 2012 <http://cks.nice.org.uk/anal-fissure#!scenario>