

Anal fissure is a most common cause of anal pain [1]. This prospective study includes 236 patients complaining of anal fissure treated from a period of September 2013 to December 2015 to assess options of management of anal fissure. Male patients were 121 (51%) and female were 115 (49%). All patients were clinically assessed in an outpatient clinic and conservative treatment started to all patients that shown to be effective in 141 patient (60%). Surgical treatment applied to 95 patients (40%) whom not responded to conservative treatment, or, patients with recurrent fissure. Lateral sphincterotomy was the surgical procedure applied in open or close method (62 and 33 patients respectively), under local or general anesthesia (54 and 41 respectively). Local anesthesia was associated with a significant low duration of admission from 1 to 24 hours (mean of 3 hours) while general anesthesia with a significant higher duration of 12 to 36 hours (mean of 19 hours). The healing rate following surgery in a local or general anesthetic approach was 95%. No difference in a healing rate between open or closed technique of sphincterotomy. Flatus incontinence was reported in 3 patients. Initial treatment of anal fissure should be conservative, lateral sphincterotomy is a safe procedure with a high cure rate, low incidence of complications and could be performed under local or general anesthesia.