

A simple novel concept to conservatively manage refractory spasm in acute fissure-in-ano: Defecation put on-hold temporarily (DePOT)

Dear Editor

The article by Soltany *et al.* was very informative and highlighted that the botulinum injection was effective in about 85% patients.^[1] However, few patients (about 15–20%) would not respond to the botulinum injection and their anal spasm would not be relieved. In these patients, the surgery would be required just to alleviate the pain.^[2,3]

It is important to consider that severe spasm and pain in acute fissure-in-ano is primarily aggravated by the act of defecation.^[4,5] The patients suffering from fissures are usually constipated and the shearing force of the hard stools aggravates the spasm.^[4,5] Moreover, the ‘narrowed’ anal outlet due to spasm further increases the impact of this shearing force [Figure 1].

Therefore, if the defecation is put on-hold temporarily (DePOT) for a week, then it would not only provide immediate pain relief but would also lead to an earlier and faster resolution of the underlying disease (by removing the aggravating factor- defecation process). Thus, it would help to avoid surgery in many, if not all, such patients.

It has to be ensured that while implementing DePOT, the daily requirements of protein, minerals, vitamins, water and fats are taken care of. This is done by liquid diet having zero fiber plus full nutrition [oral rehydration solution (ORS), vitamin supplementation and protein (whey) supplementation (50–60 grams/day)].

Once these nutritional needs of the patient are taken care of, then it is not difficult for the patient to sustain on the liquid diet for a week and even longer, as required. An enema is given on the first day to evacuate the rectum. Otherwise, there is risk of hardening of residual stools already present in the rectum, which could create difficulty on resumption of normal diet later.

DePOT was also prescribed for seven days to four patients of acute fissure-in-ano with refractory spasm in whom conservative management was not working (26-year/male, 23-year/female,

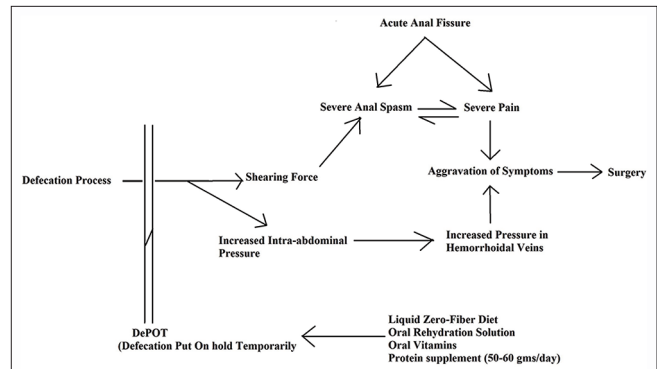


Figure 1: Overview of the DePOT (defecation is put on-hold temporarily) concept

34-year/female, 29-year/male). All patients except the third patient, had immediate pain relief and the acute spasm improved progressively over next 7–10 days. The third patient had to stop DePOT after 3 days as she developed an intersphincteric abscess and was operated for the same. The ethical approval was taken from Indus Hospital Ethical Committee via reference no. Indus hospital/EC/02-12.

The DePOT regimen is very useful to primary care physicians. The patients suffering from refractory acute fissure-in-ano (not responding to the conservative management) usually require surgery and need to be referred to a surgeon.^[2,3] But, with the DePOT regimen, such patients can be easily managed by primary care physicians.

To summarize the key points,

- The DePOT regimen puts defecation process on hold for a week by zero fiber, full nutrition, liquid diet
- It is a simple, economical, safe and easily reproducible concept
- DePOT is a new concept which provides immediate relief and helps prevent surgery in acute thrombosed hemorrhoids and acute fissure with refractory spasm (conditions which get aggravated by defecation and often require surgery).

This simple logical concept is proposed so that prospective randomized controlled studies can corroborate the efficacy of this regimen.

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Conflicts of interest

There are no conflicts of interest.

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