

What do you do After. . .? (Anal discomfort and how to deal with it)

By: W. Grant Thompson, MD, Emeritus Professor of Medicine, University of Ottawa, Ontario, Canada

"How do you clean your bottom after a bowel movement (or leakage)? The answer to this seldom-asked question can be most revealing, and ultimately helpful to many sufferers of anal discomfort.

Many people are reluctant to discuss symptoms related to this sensitive area; yet they can be very troubling. **Itching (pruritis ani)**, **painful defecation**, **stained underwear**, **spotting** of blood and **offensive odor** add up to embarrassment, distress, social handicap and anguish.

These complaints are very **common**. They may **coexist** with the irritable bowel syndrome or other functional bowel disease. Diarrhea and constipation may aggravate them. Anal symptoms are not part of these conditions as they may occur independently. They may be due to or associated with many local diseases. Whatever the association, perianal irritation can be treated.

How can you get help for these troublesome symptoms? First, you should frankly describe them to your doctor. Analysis of the symptoms and inspection of the area should permit him or her to recognize any underlying disease. Crohn's disease may attack the anus. Cancers and some sexually transmitted diseases can occur there as well. If defecation is painful, there may be a tiny tear in the anal skin called an anal fissure. It is demonstrative of how sensitive is the anal skin that so small a lesion can cause so much pain. The surrounding skin is prone to many dermatoses and infections. Psoriasis, eczema and herpes are common examples. Yeast infections occur, but not nearly as often as the "candidiasis" enthusiasts would have us believe. Pinworms cause itchy bottoms in children. **Ingestion** of coffee (which weakens the anal sphincter muscle), citrus fruits, some spices and broad-spectrum antibiotics have been known to contribute to Pruritis ani. A detailed discussion of anal diseases is beyond the scope of this article and most of you with itching, and staining will have none of them. Whatever the cause, many of the following suggestions may be helpful.

Eliminate irritant foods and beverages: coffee alcohol citrus, spicy foods, popcorn nuts chocolate peppers tomatoes for 1-2 weeks. Then rechallenge with each item one at a time to see *which food specifically* bothers *your* bottom.

Consider what you are doing now. It is natural to believe that cleanliness is a vital objective; and so it is, to a point. The idea that feces remain around the anus after defecation is repugnant, but **overzealous cleansing** may do more harm than good. The perianal skin is tender, and very sensitive. Furious wiping with dry toilet paper may damage the skin, thus perpetuating the problem. It feels good to scratch the area; it is, after all, an erogenous zone. Such trauma damages the sensitive local nerve endings and relief is achieved...temporarily. Once the delicate pain detectors recover, the symptoms return. Moreover, some toilet papers are rough, and others are easily crumbled. Tiny bits of paper trapped in the anal skin can be irritating. Worse still, are decorative colored papers whose dyes may cause a local contact dermatitis (allergy). Fortunately, these seem less in fashion now. Some soaps are also allergenic, especially the perfumed varieties. **Soap** itself is an alkaline irritant, and may take away the natural lubricants designed to protect the area.

If local trauma is a possibility, consider changing the way you clean yourself. If you are fortunate enough to normally defecate at home, wash rather than scrub your bottom. The bidet is a most civilized device, France's great contribution to nether hygiene. For most of us who lack this plumbing, another means of washing must be found. If convenient, a post-defecation shower will do. Washing is enhanced if your shower is equipped with a hose extension, so a direct flow of luke-warm water can be applied to the anal region. A **sitz bath** is second best, but avoid soap, and limit exposure to a minute or two so that the skin does not become puckered (as does skin elsewhere if immersed for long periods). Ideally, you should permit the area to dry in the air, perhaps assisted by a fan. Most schedules do not allow for this, and an alternative is to gently pat the area dry using a white, lint-free cloth. If you are not at home, use wet toilet paper (or try a dab on tissue of gentle cleanser/lotion such as **Prax or Balneol** lotion) and wash, rather than rub.

There are many anal ointments, creams and suppositories sold for anal complaints. These "kill pain", "shrink hemorrhoids" and "heal fissures." **Try using none of them**. Some, especially those containing local anesthetics may set up a local allergic reaction and worsen the problem. Others contain irritants such as witch hazel or alcohol. Ointments may interfere with the anal seal promoting incontinence and fecal staining. Gobs of ointment can trap bacteria and further damage the skin. If you must use them, apply only a thin veneer after washing.

Non-medicated, non-medicated talcum powder or corn starch may help some. Apply medicated preparations only after discussing them with your doctor. He or she may recommend an acid-based cortisone cream for a short period to interrupt the itch and scratch response. Anal creams may include **AnalpramHC**, ProctocreamHC, AnamantleHC(with lidocaine to numb pain); or cortisone suppositories, or **Canasa** suppositories.

Healthy skin everywhere needs air. Avoid tight clothing. Wear light white cotton underwear. Check that the detergent used in cleaning your clothes is not irritating or allergenic. After exercise, wash as above to avoid the irritating effect of sweat. Avoid sitting for long periods, and consider a rubber ring (available in medical supply shops) to remove pressure on the anus.

Healthy bowel action can minimize fecal contact and help the anal distress. Hard stools can be prevented by fiber, thus minimizing straining and local trauma. If diarrhea can be controlled, so may fecal staining and incontinence. Avoid foods and drugs that may irritate or have been associated with itching.

These simple measures can help many persons with these common, but sadly unspoken, complaints. They can be useful, along with more specific treatments, even if there is coexisting local skin or anal disease. Think of three principles. Avoid traumatizing your anal skin, permit air to circulate as much as nature and circumstances allow and take care what materials come in contact with the surrounding skin.

The most common cause of anal pain and bleeding is an anal fissure, but other causes may include internal hemorrhoids, anal cancer, anal ulcers due to STD, Crohn's disease, tuberculosis, etc.

If you have a sudden extremely **painful, tender lump** that causes pain with sitting you may have acutely **thrombosed/clotted** prolapsed hemorrhoids which are **very painful** but most can be treated at home and usually settle within 10-14 days using **ice packs, stool softeners, and analgesia/pain medications**. Topical calcium antagonists may help to relieve the pain. *Emergency surgery* (at Urgent Care or doctors office) may be needed in severe cases to remove the engorged hemorrhoid or debride necrotic tissue. This can resolve symptoms more rapidly but may be associated with severe morbidity.

Provided for your education by: **Neil Matthew Kassman, M.D.**

Piedmont HealthCare, P.A.

Digestive Diseases and Gastrointestinal Endoscopy

1st in Carolina with State-of-the-Art Digital High Definition Endoscopy & NBI Imaging
Good health is a life-long journey and we're glad to be able to help you along the way!

www.piedmonthealthcare.com **704-838-8215** 208 Old Mocksville Rd. Statesville, NC