

Comparison of Two Methods Open Sphincterotomy and Closed Sphincterotomy Anal Fissure

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ABSTRACT

Background: Anal fissure is the most common anorectal disease in all sex and age fissures developed to anal stenosis. Chronic diseases that do not respond to drug therapy must be surgery. In this study review has been perused the result and complications of open sphincterotomy and closed sphincterotomy.

Material and Methods: This systematic review study has been done in 2016 with comprehensive search in following database ISI web of science, science direct, scopus, pubmed, google scholar and some Iranian databases such as SID, Magiran, with main key words such as of chronic anal fissure, open sphincterotomy and closed sphincterotomy, greatly English and Persian languages, between 1996 to 2016 also with Randomized Clinical Trials methodology. From 10 selected articles that were evaluated with consort 2015, finally six eligible articles were entered to final review. (4 English article and 2 Persian article)

Results: results showed, there is no signification statistical difference with $P < 0.05$ in terms of age ($p = 0/83$), sex ($p = 0/30$), durations of disease ($p = 0/95$) between the two methods, but there is signification statistical difference with $P < 0.05$ in terms of length of stay ($p = 0/003$), the duration of surgery ($p = 0/001$), postoperative pain ($p = 0/02$), in time for returning to work ($p = 0/001$), These mentioned variables in closed sphincterotomy method is less than open sphincterotomy method. In none of these methods are hematoma and bleeding has stopped at 48 hours postoperative. Abscess is rarely observed in closed sphincterotomy. In open sphincterotomy can be seen gas incontinence that with the passage of time fades.

Conclusion: Due to better outcomes of closed sphincterotomy such as shorter operative time and less pain, closed sphincterotomy is an appropriate alternative for open sphincterotomy.

Keywords: Anal Fissure, Open Sphincterotomy, Closed Sphincterotomy