

Policy Category:

CBA

Who usually applies for funding?

Not Applicable

## Botulinum Toxin A for the treatment of chronic anal fissure

<b>Commissioning decision</b>	<b>The ICB will provide funding for Botulinum Toxin A (for the treatment of chronic anal fissure) for patients who meet the criteria defined within this policy.</b>
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### Policy Statement:

A single treatment is commissioned where:

- the anal fissure fails to heal spontaneously  
**AND**
- chronic symptoms persist for more than six weeks  
**AND**
- all other appropriate non-surgical, medical and dietary treatment have failed.

### Rationale:

Botulinum toxin is not licensed in the UK for the treatment of chronic anal fissure, but nonetheless is sometimes used as a treatment option. There is limited high quality evidence of the efficacy of the treatment, with a Cochrane Review suggesting it is no better than placebo, GTN ointment, or isosorbide dinitrate 1% ointment, and less effective than lateral internal sphincterotomy.

### Plain English Summary:

An anal fissure is a tear or ulcer (open sore) that develops in the lining of the anal canal. The anal canal is the last part of your large intestine, and is located between your rectum (a reservoir where stools are stored) and your anal orifice (the opening through which stools are passed out of the body).

Anal fissures usually heal within a few weeks without the need for medical treatment, although they can easily recur if they are caused by constipation and this remains untreated. In some people, symptoms from anal fissures last six weeks or more (chronic anal fissures).

It can be helpful to adopt some simple self-help measures to help make it easier to pass stools, which can allow existing fissures to heal and reduce your chances of developing fissures in the future. These measures include:

- making sure you have plenty of fibre in your diet
- staying well hydrated by drinking plenty of fluids
- not ignoring the urge to pass stools
- exercising regularly

Your GP can also prescribe medication to help relieve your symptoms and help speed up the healing process. In persistent cases where self-help measures and medication have not helped, more invasive treatment options may be considered. Your doctor may recommend trying Botulinum toxin before considering surgery.

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**Evidence base:**

NICE evidence review: Chronic anal fissure: botulinum toxin type A injection:  
[http://www.nice.org.uk/advice/esuom14/chapter/Intervention and alternatives](http://www.nice.org.uk/advice/esuom14/chapter/Intervention%20and%20alternatives)

For further information please contact: [GLICB.IFR@nhs.net](mailto:GLICB.IFR@nhs.net)

<b>Date of publication</b>	12 October 2015
<b>Policy review date</b>	June 2026

**Policy sign off:**

<b>Reviewing Body</b>	<b>Date of review</b>
Effective Clinical Commissioning Policy Group	03 August 2015
Integrated Governance and Quality Committee	20 August 2015

**Version Control:**

<b>Version</b>	<b>Type of Change</b>	<b>Date</b>	<b>Description of Change</b>
1		12.10.2015	
2	Review date	15.03.2018	Policy review date now March 2020
3	Review date & Policy category	17.9.2020	Policy review date changed to September 2022. Policy Category changed to CBA.
4	Review date only	13.06.2023	Policy review date changed to June 2026