

# Anal advancement flap

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An anal advancement flap to cover the anal fissure should be considered in those with an increased risk of altered continence following lateral internal sphincterotomy, especially in postpartum women and those with normal or low resting anal pressures. After fissurectomy an inverted house-shaped flap of perianal skin is carefully mobilised on its blood supply. Summary box 80.4 Treatment of an anal fissure. The flap is /uni25CF /uni25CF sutured with interrupted absorbable sutures ( Figure 80.19 ). The patient is maintained on stool softeners and bulking agents postoperatively. Minor breakdown of one anastomotic edge does not herald ultimate failure.

Conservative initially, consisting of stool-bulking agents and softeners, and chemical agents in the form of ointments that are designed to relax the anal sphincter and improve blood flow. Surgery if above fails, consisting of lateral internal sphincterotomy or anal advancement flap.

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