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PREVALENCE OF MODIFIABLE LIFESTYLE HABITS WITH FISSURE-IN-ANO - A CROSS SECTIONAL STUDY

General Surgery

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ABSTRACT

Background: Symptoms related to the anus and rectum are among the most common complaints to family physicians. The true incidence of Ano rectal disorders are impossible to ascertain since many people never seek medical advice. Anal Fissures (36.20%) are the most common aetiology for these complaints. Most of the patients with Ano rectal diseases are scared, embarrassed, uncomfortable and nervous, therefore proper history with focus on the complaints will help to gain the confidence of the patient before physical examination and management is undertaken. Furthermore Complicated or undiagnosed pathologies, however, require further evaluation and expert opinion. **Aim:** This study is aimed to assess prevalence of modifiable lifestyle habits that contribute to the pathogenesis of fissure-in-ano and to educate individuals about the necessity to adapt simple lifestyle habits to prevent the development and recurrence of fissure-in-ano. **Methods:** This is cross sectional study done in General Surgery, in Akash institute of medical sciences and research centre, Devanahalli, Bengaluru on 195 patients done on patients diagnosed with fissure-in-ano from 12 months (April 2024-April 2025). **Results:** Majority of the patients had a FARQ score of 2 which shows mild correlation of lifestyle habits with fissure-in-ano. Majority of the patients had faulty lifestyle habits like low fibre diet, inadequate fluid intake which contributes to constipation which further causes fissure-in-ano. **Conclusion:** Fissure-in-ano is one of the most common preventable anorectal disease whose burden can be reduced by simple lifestyle changes like including high-fibre diet, adequate fluid intake, reducing toilet time and straining, maintaining personal hygiene, and avoiding sedentary lifestyles.

KEYWORDS

Fissure-in-ano, lifestyle habits, FARQ score, constipation

INTRODUCTION:

An anal fissure (AF) is a small break or tear in the skin of the anal canal, which typically runs from below the dentate line to the anal verge, and is usually situated in the posterior midline.[1] An anal fissure is a distressing problem faced by a patient. It is one of the commonest painful anal condition. It is relatively simple to treat with rewarding results.[2] Constipation which is one of the most common anorectal symptoms and constitutes about 25% of presenting symptoms in patients consulting for benign anorectal diseases; can play an underlying role in anal fissures, and it is important to treat this conditions in order to avoid recurrences.[3] Most anal fissures are acute and relatively short-lived, resolving spontaneously or with simple dietary modification to increase fiber and stool-softening laxatives when appropriate.[4]Symptoms related to the anus and rectum are among the most common complaints to family physicians. The true incidence of Ano rectal disorders are impossible to ascertain since many people never seek medical advice. Anal Fissures (36.20%) are the most common aetiology for these complaints. Most of the patients with Ano rectal diseases are scared, embarrassed, uncomfortable and nervous, therefore proper history with focus on the complaints will help to gain the confidence of the patient before physical examination and management is undertaken. Furthermore Complicated or undiagnosed pathologies, however, require further evaluation and expert opinion.

Aims And Objectives:

- To assess prevalence of modifiable lifestyle habits that contribute to the pathogenesis of fissure-in-ano.
- To educate individuals about the necessity to adapt simple lifestyle habits to prevent the development and recurrence of fissure-in-ano.

MATERIALS AND METHODS:

- This study is conducted based on questionnaire: fissure-in-ano risk factor questionnaire (FARQ 1,2) score which is calculated and individuals are questioned about the common lifestyle habits which are believed to cause fissure-in-ano.
- **Study Design**: Cross-sectional study
- **Location**: Department of General Surgery, Akash institute of medical sciences and research centre, Devanahalli, Bengaluru
- **Study Population**: Patients attending General Surgery OPD with symptoms of Fissure-in-ano.
- **Duration Of Study**: 12 months (April 2024-April 2025)
- **Sample Size**: 195
- **Inclusion Criteria**: all cases of acute and chronic fissure-in-ano attending General Surgery OPD

- **Exclusion Criteria**:

1. Fissures in association with inflammatory bowel disorders, anal carcinoma, tuberculosis, syphilis, HIV
2. Patients with previous anal surgeries
3. Patients on chemotherapy

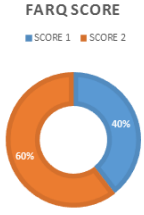
Procedure:

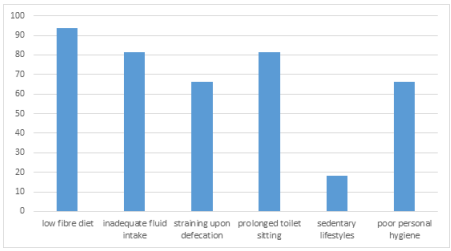
- Verbal consent is obtained from patients diagnosed with fissure-in-ano and participating in this study. They are given questionnaire which has two parts, the first part has questions which determine the FARQ score and the second part has questions related to common lifestyle habits which are believed to contribute to the development of fissure-in-ano.
- All the parameters will be tabulated and the prevalence of various lifestyle habits with fissure-in-ano were determined.

RESULTS

195 patients diagnosed with fissure-in-ano were given the questionnaire and the data was tabulated

Patient Characteristics	N	Percentage
Number of patients with fissure-in-ano	195	
FARQ score 1	74	37.9
FARQ score 2	113	57.9
Low fiber diet	183	93.8
Inadequate fluid intake	159	81.5
Straining upon defecation	129	66.1
Prolonged toilet sitting (>10 mins)	159	81.5
Sedentary lifestyles	36	18.4
Poor personal hygiene	129	66.1





DISCUSSION:

- Majority of the patients diagnosed with fissure-in-ano had a FARQ score of 2, followed by score 1, which signifies mild correlation of fissure-in-ano with lifestyle habits.
- Lifestyle changes like low fiber diet was observed significantly in the present study which contributes to constipation anf further causes fissure-in-ano.
- Majority of the patients had inadequate fluid intake also contributes to constipation and further a causation to fissure-in-ano
- A significant number of patients had also reported prolonged toilet sitting >10 minutes and straining while defecation.

CONCLUSION:

- Fissure-in-ano is one of the most common anorectal diseases due to faulty lifestyles and defecation habits, which can be modified to prevent the disease.
- The patients were counselled regarding lifestyle modifications especially regarding high fiber diet like adding a bowl of vegetables per meal and have been explained that with proper precautions and appropriate lifestyle habits, they can be treated conservatively and reduce the burden of the disease on them.

Limitations:

The study is single centered study
The study sample is limited

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