Rectal pain during or after defecation

A Practical Guide For Patients

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Table of contents

1. Introduction
2. What Causes Rectal pain during or after defecation
3. Symptoms
4. Diagnosis
5. Diet
6. Medications
7. Therapies
8. Coping
9. FAQs

Introduction: Rectal pain during or after defecation

Rectal or anal pain during or after a bowel movement can feel sharp, burning, throbbing, aching, or like pressure deep inside the rectum. The timing of the pain is often an important diagnostic clue. Pain that starts as stool passes and continues for minutes or even hours afterward is particularly characteristic of an anal fissure, a small tear in the lining of the anal canal.

However, painful defecation is a symptom rather than a diagnosis. Thrombosed external hemorrhoids, constipation, diarrhea-related irritation, proctitis, perianal abscesses, fistulas, inflammatory bowel disease, pelvic-floor disorders, strictures, infections, and less commonly tumors can also cause anal or rectal pain.

The pattern matters. Severe sharp pain associated with stool passage and bright-red blood may suggest a fissure.

Key Takeaways

- Pain during or after defecation has several possible causes.
- Anal fissure is a common cause of sharp or burning pain with bowel movements.
- Fissure pain may continue for minutes to several hours after stool passes.
- Hard stools and constipation can cause anal fissures.
- Frequent loose stools and diarrhea can also irritate or tear the anal canal.
- Internal hemorrhoids that have not prolapsed are usually not painful, while a thrombosed external hemorrhoid can be very painful.

What Causes Rectal pain during or after defecation

Known Causes:

- **Anal fissure:** A small tear in the anal lining. It classically causes sharp pain during defecation followed by burning or severe pain that may persist afterward.
- **Constipation or hard stools:** Passing a hard, large stool can traumatize the anal canal and is a major cause of fissures.
- **Chronic diarrhea:** Frequent loose stools can irritate the anal lining and may also cause fissures.
- **Thrombosed external hemorrhoid:** A blood clot in an external hemorrhoid can cause a sudden, very painful lump around the anus. Pain may worsen when sitting, walking, or having a bowel movement.
- **Prolapsed hemorrhoids:** Internal hemorrhoids are usually painless unless prolapsed or complicated, while external thrombosis is more strongly associated with significant pain.
- **Perianal abscess:** Infection can create a pus-filled cavity near the anus or rectum and cause constant pain, tenderness, swelling, fever, or chills.



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Common Signs & Symptoms

The nature of the pain can provide useful clues. Anal fissure pain is commonly described as sharp or severe during stool passage, followed by burning or throbbing that can persist after the bowel movement. Between bowel movements, many patients with fissures have relatively little pain.

Core Symptoms Include:

- **Sharp pain during defecation:** Common with an anal fissure.
- **Burning pain afterward:** Fissure-related discomfort may continue for minutes or hours.
- **Bright-red blood:** May appear on toilet paper or the surface of the stool with a fissure or hemorrhoid.
- **Anal spasm:** Fissures may trigger spasm of the internal anal sphincter, contributing to continued pain.

Severe cases can also cause:

- Severe pain lasting hours after every bowel movement
- Pain that makes a person avoid defecation
- Increasing constipation because of fear of pain
- Persistent or increasing rectal bleeding
- Significant swelling around the anus
- Constant throbbing pain
- Fever or chills
- Pus or foul drainage

Diagnosis & Medical Testing

Diagnosis begins with determining exactly when the pain occurs. A clinician may ask whether it begins as stool passes, persists afterward, occurs continuously between bowel movements, or is associated with a lump, bleeding, discharge, constipation, diarrhea, urgency, or abdominal symptoms.

Diagnostic Tools:

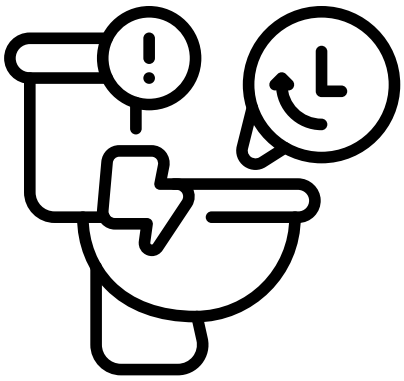
- **Medical history:** Reviews stool consistency, constipation, diarrhea, bleeding, duration of pain, previous anorectal disease, inflammatory bowel disease, and relevant infections.
- **External inspection:** Can identify fissures, thrombosed external hemorrhoids, abscesses, skin abnormalities, or fistula openings.
- **Digital rectal examination:** May assess the rectum, masses, tenderness, sphincter function, or other abnormalities, although it may be deferred or modified when a fissure is extremely painful.
- **Anoscopy:** Allows direct examination of the anal canal and lower rectum.
- **Proctoscopy:** May be used to examine the rectum when proctitis or another rectal condition is suspected.
- **Flexible sigmoidoscopy:** Examines the rectum and lower colon and may be appropriate for suspected inflammation or other disease.
- **Colonoscopy:** May be recommended when age, bleeding, abdominal symptoms, diarrhea, cancer risk, or another condition warrants examination of the entire colon.

Diet

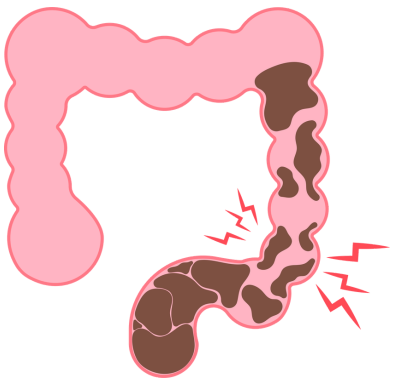
There is no single diet for every cause of rectal pain. Dietary management is most useful when constipation, hard stool, diarrhea, or an anal fissure contributes to the pain.
For uncomplicated anal fissures, keeping stool soft, formed, and easy to pass is an important part of treatment.

Key Insights:

- Increase dietary fiber gradually when constipation or hard stool contributes to symptoms.
- Aim for approximately 25–35 grams of fiber daily when appropriate for fissure management.
- Include fruits, vegetables, whole grains, beans, and other tolerated fiber sources.
- Drink adequate fluids to help keep stool soft.
- Increase fiber gradually to reduce excessive gas and bloating.
- Avoid straining during bowel movements.
- Do not intentionally avoid eating in an attempt to avoid having a bowel movement.
- Address persistent diarrhea because frequent loose stool can also prevent a fissure from healing.







Medications & Treatment Options

Treatment depends strongly on the cause. A fissure, thrombosed hemorrhoid, abscess, proctitis, and pelvic-floor disorder require different management, so persistent pain should not simply be treated with hemorrhoid creams.

Treatment Options

- **Fiber supplementation:** Helps create soft, formed stool and reduce repeated trauma to a fissure.
- **Stool softeners:** May be recommended when hard stool contributes to pain.
- **Topical lidocaine:** Can temporarily relieve fissure-related anal pain.
- **Topical nitroglycerin:** Relaxes the internal anal sphincter and improves blood flow to promote fissure healing. Headache is a common limiting side effect.
- **Topical diltiazem or nifedipine:** Calcium-channel blockers may relax the anal sphincter and help chronic fissures heal.
- **Pain medication:** Selected non-opioid pain relief may be used depending on the patient's medical history.
- **Treatment of diarrhea:** May be required when repeated loose stools are continually irritating the anal canal.
- **Proctitis medications:** Treatment depends on the cause. IBD-related proctitis may require aminosalicylates, corticosteroids, immunosuppressants, or biologic therapy.
- **Antibiotics or antiviral therapy:** Used for selected infectious causes of proctitis.

Advanced Therapies & Procedures

Most acute anal fissures do not require a procedure. Advanced treatment is considered when a fissure becomes chronic, conservative treatment fails, an abscess or fistula is present, or another structural condition is responsible for the pain.

Therapy Options:

- **Botulinum toxin injection:** Botox can temporarily relax the internal anal sphincter and may promote healing of chronic fissures.
- **Lateral internal sphincterotomy:** A small portion of the internal anal sphincter is divided to reduce spasm and help a chronic fissure heal. It is highly effective but carries a risk of bowel-control problems, so patient selection matters.
- **Abscess drainage:** Anal and perirectal abscesses generally require surgical drainage rather than relying on medication alone.
- **Fistula treatment:** Persistent anal fistulas usually require colorectal assessment and may need a surgical or other procedural approach.
- **Hemorrhoid procedures:** Selected thrombosed, prolapsed, or persistently symptomatic hemorrhoids may require office-based or surgical treatment depending on type and severity.
- **Pelvic-floor physical therapy:** May help selected patients with levator ani syndrome or pelvic-floor dysfunction after other causes have been excluded.

Coping With Rectal pain during or after defecation

Painful bowel movements can create a difficult cycle: pain causes a person to delay defecation, the stool becomes harder, and the next bowel movement may become even more painful. Breaking this cycle is particularly important when an anal fissure is present.

Practical Strategies

- Do not repeatedly postpone the urge to have a bowel movement.
- Avoid straining.
- Keep stool soft and formed.
- Drink adequate fluids.
- Increase fiber gradually when constipation is contributing.
- Take prescribed stool softeners or fiber supplements consistently.
- Use a warm sitz bath for 10–20 minutes, particularly after bowel movements, when recommended.
- Clean the anal area gently rather than aggressively wiping.
- Pat the area dry rather than rubbing.
- Track whether pain occurs during stool passage, immediately afterward, or continuously.
- Note how long pain lasts after each bowel movement.
- Record whether bleeding occurs.
- Monitor for a new lump or swelling.
- Report mucus, pus, or drainage.
- Track constipation and diarrhea patterns.



FAQS

Q1: Why does my rectum hurt during and for hours after a bowel movement?
A: An anal fissure is an important possibility. Fissures typically cause severe pain during stool passage, and the pain may continue for several minutes to several hours afterward because the tear can trigger spasm of the anal sphincter.

Q2: Is painful defecation usually caused by hemorrhoids?
A: Not necessarily. Internal hemorrhoids that have not prolapsed are usually not painful. Anal fissures are a particularly common cause of severe pain during and after bowel movements.

Q3: How is rectal pain during bowel movements diagnosed?
A: Evaluation begins with the symptom history and examination of the anal and rectal area. Depending on the findings, a clinician may use digital rectal examination, anoscopy, proctoscopy, flexible sigmoidoscopy, colonoscopy, laboratory testing, or imaging.

Q4: When is rectal pain urgent?
A: More urgent assessment is appropriate when rectal or anal pain occurs with fever, chills, increasing swelling, pus or drainage, severe persistent pain, significant bleeding, blood with mucus or pus, or severe abdominal pain. These findings can indicate an abscess, proctitis, infection, or another condition requiring prompt treatment.

Take Action

Repeated sharp, burning, throbbing, or pressure-like pain during or after bowel movements should not automatically be dismissed as hemorrhoids. An anal fissure is a common explanation, but thrombosed hemorrhoids, proctitis, abscesses, fistulas, inflammatory bowel disease, pelvic-floor disorders, and other conditions can produce a similar symptom pattern.

For additional resources, visit **GastroDoxs.com**.

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