

BOTULINUM TOXIN POLICY FOR ANAL FISSURE

CRITERIA BASED ACCESS FOR FIRST TREATMENT

PRIOR APPROVAL FOR ANY SUBSEQUENT TREATMENT

Commissioning Policy Introduction

Botulinum Toxin A is a powerful neurotoxin which is used medically to relax muscles and for certain conditions there are recognised benefits to patients. This document summarises the commissioning status of Botulinum Toxin A for specific medical conditions.

Botulinum Toxin treatment will not be available for the treatment of facial ageing or excessive wrinkles.

NICE clinical guidelines are recommendations by NICE on the appropriate treatment and care of people with specific diseases and conditions within the NHS. They are based on best available evidence. NHS organisations are entitled to take decisions which do not follow Guidance (other than NICE TAs) if they have a good reason to do so. The availability of resources and competing priorities can be a good reason.

NICE Evidence summary unlicensed off label Medicine 14: Chronic anal fissure: Botulinum toxin-type A injection.

Evidence from 2 systematic review and 4 further randomised controlled trials suggests that the botulinum toxin type A injection is less effective than surgery, no better or worse than topical glyceryl trinitrate (GTN: 0.2% ointment) on isosorbide dinitrate and no better than placebo or lidocaine at healing anal fissure

Reference:	Policy Name	Date of WCAG	Date of QCAG	Review Date	Version
BSW-CP042	Botulinum Toxin A – Anal Fissure	20/12/2016	31/01/2017	Jan 2020	3

Management of anal fissures in adults

Patients under 18 years of age must be referred to secondary care and are not covered by this pathway.

Preliminary symptom assessment

Typical anal fissure

- Patient presents with new onset fresh, bright-red rectal bleeding with pain
- Anal fissure usually has a posterior or anterior location
- No evidence of Crohn's disease

First line treatment-trial for 6-8 weeks

Bulk fibre supplements - Advise patient to drink plenty of water) +/- stool softeners

- Consider adding in glyceryl trinitrate 0.4% ointment bd. (Warn patient of risk of headaches)
- Consider adding a local anaesthetic treatment

Second line treatment

- GP to prescribe one course of diltiazem 2% cream (unlicensed)
- Do not prescribe diltiazem 2% ointment as it is more expensive than the cream
- Apply TWICE daily EVERY DAY for 2 months
- One course is two 30g tubes which should last 2 months
- GP to supply patient information leaflet with the prescription
- It is crucial that the cream is applied twice daily every day to offer the best chance of successful healing

GP to review patient in 6-8 weeks

- If healed no further treatment
- If no improvement after the first course of diltiazem 2% cream refer to the colorectal team
- If improving but not fully healed repeat the course of diltiazem 2% cream once only (2 x 30g), and if still not healed refer to colorectal team.
- Maximum of 4 x 30g diltiazem 2% cream to be prescribed in total

If second line treatment unsuccessful refer to secondary care-colorectal team

- A single treatment of Botulinum toxin A will be funded for the treatment of chronic or recurrent anal fissures in adults where all other appropriate non-surgical pharmacological and dietary treatments, as stated above, have been tried and failed.

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