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ADVICE FOR PATIENTS WITH PRURITUS ANI

This is a general document designed to provide background information. It aims to supplement verbal discussion and to be readily available as an *aide memoir*. It may not cover some areas that concern you. These can be dealt with individually. In the heat of the moment it is easy for questions that you intended to ask to slip from your mind. You should note on paper any questions that you may have.

Cause.

In the vast majority of patients the root cause of pruritis ani is a lack of hygiene. In many cases the cause is the leakage of small quantities of faeces or mucus. It may be other factors, such as sweat, dust *etc.*

Hygiene.

Ensure the area is dry and clean at all times. Ideally wash, shower or use a bidet after every bowel action. A wash before going to bed is important if you itch at night. Avoid tight fitting jeans and skirts and do not wear nylon underwear. Avoid tights and use stockings or crotchless tights.

Use cotton wool not toilet paper.

In the short term you should use moist cotton wool rather than toilet paper. Toilet paper is made of coarse wood chippings that cause significant irritation. If you are away from home, carry some cotton wool with you.

- Avoid rubbing the area.
- After washing the area should be patted, rather than rubbed, dry with a soft cotton towel.
- Avoid using proprietary medications.
- Do not use any form of medicated wipe or other cleaning agent. Unless specifically directed avoid using all lotions, potions, powders, talcs, ointments, creams *etc.* Many apparently innocent cleaning agents and powders can cause allergies and make matters worse. Occasionally you will be asked to use a specific agent for a short period of time.
- Do not put anything in your bath water. Do not use non-biological washing powders. Rinse out all detergent.

Stool consistency.

If the stool is very loose or liquid there may be seepage through the sphincters. This is a potent cause of itching. You can make your stools more solid by adjusting your diet and

reducing your fluid intake. See 'soft stool' advice sheet. Occasionally some medication may be prescribed to help.

Diet.

A number of foods and drinks are known to make itching worse. Sometimes this is a direct effect (curry), but others (smoking) may relax the anal sphincters. You should avoid any food that you recognise as making your itch worse and also caffeine rich products (e.g. tea, coffee, beer, cola *etc*).

How long?

You are not expected to follow this advice forever. This regime needs to be followed for at least six weeks. In six weeks about 80% will be cured or significantly improved. After a further six weeks this will improve to >90%.

This regime can then be gradually relaxed. If the itch recurs re-start the routine until the irritation is under control. However, in order to break the vicious cycle you should follow this advice closely for at least six weeks. A common reason why the advice below does not appear to work is that it has not been followed for long enough.

For those still with a problem an examination under anaesthesia, with skin biopsies *etc*, may be required.

Surgery.

Occasionally, large haemorrhoids or skin tags can be contributing to the itch. In selected cases surgery may be helpful.