RESEARCH PAPER

Conservative Management Of Post-Surgical Anal Stenosis Using Manual Anal Dilatation And Anal Sphincter Exercises: A Case Report

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ABSTRACT
Anal stenosis is a major clinical complication following anorectal surgery, defined by fibrotic stenosis of the anal canal. A 27-year-old female presented with painful defecation, excess straining, constipation and anal tightness after repeated anorectal procedures like *Ksharsutra* application, cautery and cryotherapy. Conservative management with graduated metallic anal dilatation, pelvic floor exercises, bowel regulation, warm sitz bath, Lidocaine jelly, Diltiazem ointment, *Triphala Churna*, *Panchavalkala Kwatha* sitz bath and *Jatyadi Taila* local application was given for five weeks. Significant clinical improvement was observed in bowel evacuation, reduction in pain, anal canal distensibility and reduced laxative dependency. Structured conservative management along with Ayurvedic supportive therapy may help in avoiding surgical intervention in selected cases of Grade II anal stenosis.
KEYWORDS Anal stenosis; *Sanniruddhaguda*; Anal dilatation; Ayurveda; Pelvic floor exercises; Post-surgical complication
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INTRODUCTION
Anal stenosis is a pathological narrowing of the anal canal, due to fibrosis and loss of elasticity, commonly occurring after anorectal Surgeries and repeated local interventions. Patients typically complain of painful defecation, constipation, excessive straining and impaired quality of life. Mild to moderate cases are effectively treated with conservative management. In Ayurveda this condition may be compared with *Sanniruddhaguda* where vitiated Vata causes obstructed defecation.

CASE REPORT
A 27-year-old female presented with pain on defecation, constipation, severe straining and anal tightness for 4 months following repeated anorectal procedures including *Ksharsutra* application, cautery and cryotherapy. Routine hematological investigations were normal.

CLINICAL FINDINGS
Local examination showed circumferential fibrotic narrowing with decreased distensibility of the anal canal suggestive of Grade II anal stenosis. Digital rectal examination revealed marked fibrosis and anal tightness.

THERAPEUTIC INTERVENTION
The patient was managed conservatively with graded metallic anal dilatation, pelvic floor exercises, warm sitz bath twice daily, high-fiber diet, adequate hydration, Lidocaine jelly local application, Diltiazem ointment twice a day, *Triphala Churna* 5 g at bedtime, *Panchavalkala Kwatha* sitz bath and *Jatyadi Taila* local application for five weeks.

OUTCOME AND FOLLOW-UP
After 5 weeks, there was a marked improvement in bowel evacuation, less pain on defecation, improved anal canal distensibility and reduced laxative dependency. Patient reported easier defecation and less straining.

TIMELINE OF MANAGEMENT AND CLINICAL IMPROVEMENT

Week	Symptoms	Treatment	Improvement

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Week 1	Severe pain during defecation and constipation	Ointment and anal dilation	Mild symptomatic relief
Week 2	Tightness persistent	Continued therapy	Reduction in pain intensity
Week 3	Reduced straining during defecation	Pelvic floor exercises	Improved evacuation
Week 4	Slight discomfort	Continuation of conservative management	Increased distensibility
Week 5	Minimal pain	After-care	Marked clinical improvement

CLINICAL IMAGES

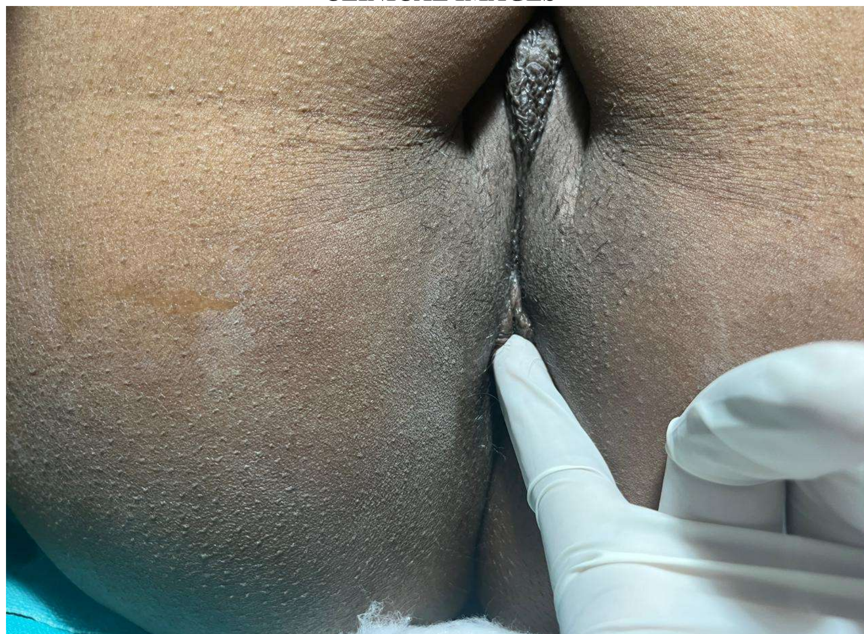

Figure 1. Pre-treatment anal stenosis demonstrating fibrotic narrowing of the anal canal.

Figure 2. Metallic anal dilator used for graded anal dilatation therapy.

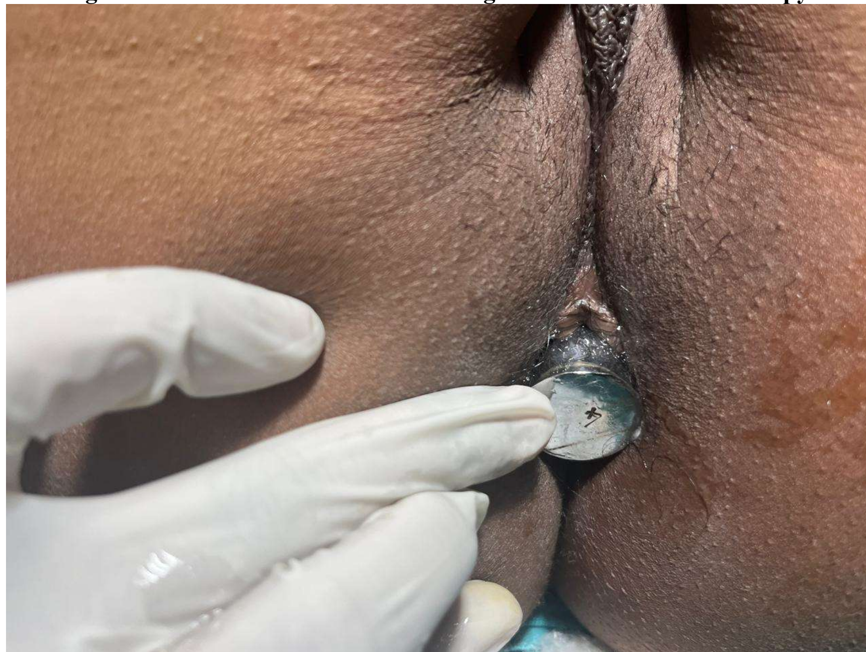

Figure 3. Progressive anal dilatation demonstrating improvement in anal canal caliber.

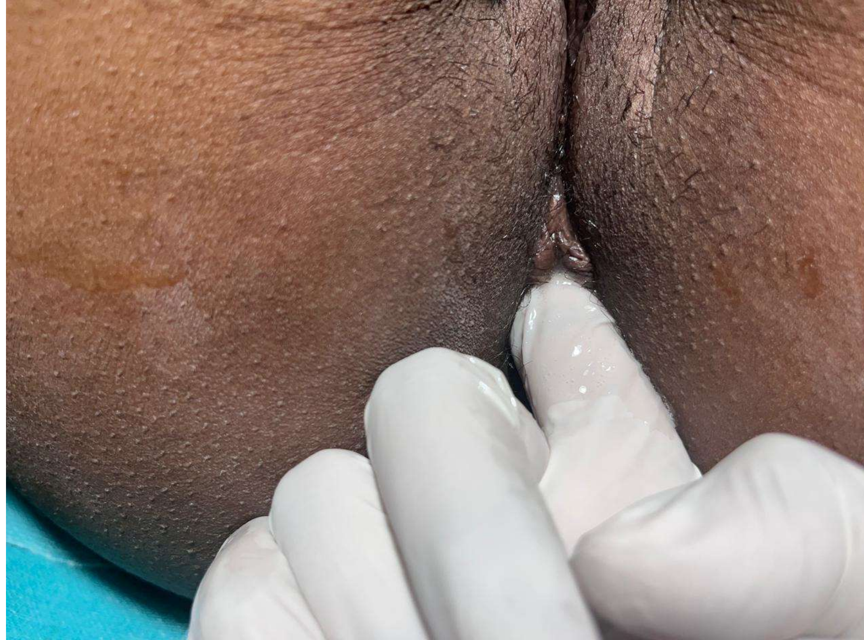

Figure 4. Improvement during Treatment

DISCUSSION

Anal stenosis is a recognized complication of anorectal surgery, caused by fibrosis and cicatrization. Conservative management remains effective in mild to moderate cases. Gradual anal dilatation restores anal canal caliber and elasticity thereby avoiding further surgical trauma. A high-fiber diet and bowel regulation help to decrease straining during defecation and constipation. In the present case conservative management yielded satisfactory clinical improvement and surgical intervention was not resorted to. *Triphala Churna*, *Panchavalkala Kwatha* and *Jatyadi Taila* as a supportive Ayurvedic therapy helped in bowel regulation, local cleansing and wound healing.

This patient had *Ksharsutra*, cautery, and cryotherapy many times. Repeated interventions likely contributed to excessive fibrosis and scar tissue formation. This resulted in reduced anal canal elasticity and distensibility. Gradual anal dilatation was performed in a graded manner. This progressively improved anal canal caliber. Improvement in elasticity and flexibility was observed. Further surgical intervention was avoided. We also taught pelvic floor exercises. Pelvic floor exercises improved bowel evacuation and reduced excessive straining.

Conservative management is effective in mild to moderate grades of anal stenosis. Such management may help avoid operative procedures in selected cases. In this case, the patient got better. This case demonstrates the effectiveness of structured conservative therapy in appropriately selected patients. This problem is called *Sanniruddhaguda* in Ayurveda. In Ayurveda, vitiated Vata is considered responsible for obstructed defecation. *Triphala Churna* helped fix constipation. It made bowel movements normal again. We also washed the area with *Panchavalkala Kwatha* and applied *Jatyadi Taila* oil. This cleaned the wound and helped it heal. Being a single case report, larger clinical studies are required to validate these findings.

CONCLUSION

Structured conservative management using graded anal dilatation, pelvic floor exercises, bowel regulation, topical medications and Ayurvedic supportive therapy showed a favorable clinical outcome in post-surgical Grade II anal stenosis in this case.

PATIENT CONSENT

The patient gave written informed consent for publication of clinical details and clinical images.

CONFLICT OF INTEREST

None declared.

FUNDING

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