



Care for Pruritus Ani

**Goal is to keep the skin of the anal area clean, dry, and slightly acidic.

***Most people will experience some relief from itching within a week.

****Recurrences are common and to be expected; try to follow these recommendations as closely as possible.

1. During bath or shower, it is important that you keep other cleansing products away from this area. After washing with other skin care products (shampoo, rinse, soap) wash the outside of the anal area thoroughly with water. Do not use soap in the anal area (it is alkaline and will increase discomfort). As the final step in your morning shower or bath, cleanse the anal area with hot water and Balneol (Solvay Pharmaceutical, Marietta, GA) applying it with fingertips or wet cotton balls (rinse lightly afterwards).
2. Dry carefully after cleansing. Avoid abrasive trauma or vigorous rubbing while drying – instead pat the skin dry with a soft towel or blow-dry the area with a hair dryer.
3. Following each bowel movement, make sure the anal area is cleansed of any residual stool. This is best accomplished by washing with hot water and Balneol. Alternatively, a non-alcoholic towelette may be used. Avoid the use of toilet paper on irritated skin—never use colored or scented toilet paper. Dry thoroughly.
4. If persistent fecal after-drainage occurs following your bowel movement, rectal irrigation may be helpful. Rectal irrigation is performed with warm water, like taking an enema. A Fleets Enema bottle is useful for this purpose. The bottle should be emptied of the Fleets enema and filled with warm water. It can be rinsed after use and reused as necessary.
5. In the morning and at bedtime, apply a thin cotton pledget or 4 x 4 gauze directly in the anal crease. It should be small enough so that you are not conscious of its presence. You may dust the cotton with corn starch if needed to keep dry. It is important to change the cotton pledget frequently during the day if it becomes moist.
6. Soaking in a warm sitz bath for 10 – 20 minutes can provide relief. Do not add any soap or skin softener to the water. You can cleanse with Balneol during this time. Be sure to dry well afterwards.
7. Maintain a soft, large, and nonirritating stool so that it can pass through the anal canal without causing mechanical or chemical trauma. This may be accomplished by the following:
 - *Fiber bulking agent such as Konsyl, Metamucil, Citrucel, or Fibercon. Begin with 1 teaspoon twice a day with 6 – 8 glasses of water each day, for two weeks. After two weeks increase the fiber to 1 tablespoon or scoop twice a day with 6 – 8 glasses of water each day. Drinking plenty of water is very important.
 - *Eat a high-fiber diet that includes 8 – 10 glasses of water or juice a day, plenty of fruits and vegetables, and bran cereal every day.
8. Avoid foods known to cause anal irritation. These include dark colas, spicy foods, citrus fruits and juices, tomatoes, alcohol (yes, beer too), coffee (regular or decaffeinated), chocolate, nuts, popcorn, and milk. Eliminate all of these from your diet, then reintroduce them, one at a time. If the itching returns, permanently eliminate that item from your diet.
9. Wearing cotton gloves to bed can be of benefit to prevent unconscious scratching while you sleep.
10. You may apply a hydrocortisone cream, but only if it is directed by your physician following a cleaning and drying routine. Stop all other anal creams and ointments, as well as cleansing agents.



Major Causes of Pruritus Ani

- Idiopathic** “No known cause”
- Personal Hygiene** Poor cleansing habits result in chronic exposure to residual irritating feces; conversely, over-meticulous cleansing with excessive rubbing and soap use
- Diet** Consumption of large volumes of liquids: coffee (caffeinated and decaffeinated, coffee-containing products), chocolate, citrus, tomatoes, spicy foods, popcorn and nuts, tea, alcohol including beer, milk and milk products, Vitamin A and D deficiency
- Anatomic Compromise** Obesity, deep anal cleft, excessive hair, tight-fitting clothes (tight clothing or clothing that impairs adequate ventilation), fistula, fissure, skin tags, prolapsing papilla, or mucosal prolapse
- Systemic Disease** Jaundice, diabetes mellitus, chronic renal failure, iron deficiency, thyrotoxicosis, myxedema, Hodgkin’s lymphoma, polycythemia vera
- Gynecologic Conditions** Pruritus vulvae, vaginal discharge (endocervicitis, vaginitis)
- Neoplasms** Bowen’s disease, extramammary Paget’s disease, squamous cell carcinoma, cloacogenic carcinoma, rectal or polypoid lesion
- Diarrhea States** Irritable bowel syndrome, Crohn’s disease, chronic ulcerative colitis
- Radiation** Post-radiation changes
- Psychiatric Diagnoses** Anxiety, neuroses, psychoses
- Drugs** Quinidine, colchicine, antibiotics (tetracycline), IV hydrocortisone phosphate, ointments or creams that contain “caine” drugs, nonprescription medications for personal hygiene such as perfumed soaps and ointments that may contain alcohol, witch hazel, or other astringents
- Dermatologic conditions** Psoriasis, seborrheic dermatitis, atrophic dermatitis, lichen simplex, cytomegalovirus, papillomavirus, bacteria (staph aureus, erythasma), mixed infections, fungi (dermatophytosis, candidiasis), parasites (pinworms, scabies, pediculosis), spirochetes (syphilis)