Alice,

After having anal sex with my partner, I noticed blood on him, although there was no sign of external damage. The next day I am feeling pain internally, but I can't pinpoint its location. What are the possible dangers and should I see a doctor?

Answer

Dear Reader,

Serious injuries from anal sex are relatively rare; however, if you have internal pain or see blood, you need to see your health care provider. Here are some of the potential complications of anal sex:

The blood you mentioned could have been from a hemorrhoid, which is a swollen vein in the anal area. Hemorrhoids can be fragile and prone to bleeding, although they don't usually cause the kind of pain you've described. You can frequently feel a hemorrhoid as a swollen, tender lump in the anal area. You'll often notice blood from a bleeding hemorrhoid on toilet paper after a bowel movement, or on the stool itself.

Pain and bleeding can also occur when there's a small tear in the lining of the anus called an anal fissure. Even small fissures can be pretty painful because they often cause spasms of the opening of the anus. They heal slowly because they're irritated repeatedly during bowel movements. With anal fissures, you may also see blood on toilet paper or on the stool itself.

A rare, but serious, complication after anal sex is a hole (perforation) in the colon. This dangerous problem requires hospitalization, surgery to repair the hole, and antibiotics to prevent infection. A colonic perforation will usually cause fever and severe pain and pressure in the abdomen. This condition requires immediate medical attention, either through your health care provider or your local hospital emergency department.

If your health care provider isn't sure what's causing your pain, you may need to undergo a procedure to look inside your rectum. A small scope called an "anoscope" can allow your provider to check if there's a fissure. To go deeper, a scope called a "sigmoidoscope" may be
If you have either a hemorrhoid or fissure, you'll probably receive similar recommendations. Treatment for both conditions is sometimes called "WASH." The letters stand for:

- Warm water: Sitz baths involve sitting in a warm pan of water to soak the painful anal area.
- Analgesic agents: Various creams and ointments can temporarily numb the anal area to provide relief. Do not use these for more than a few days in a row, however. Your health care provider can tell you exactly how long it is safe to continue using these treatments.
- Stool softeners: Taking over-the-counter medications to help keep your stool soft until the hemorrhoid or fissure heals. This can help avoid re-injuring and further irritating the anus while having a bowel movement.
- High-fiber diets: A high-fiber diet will keep your stools soft and easy to pass.

Following these recommendations can help the hemorrhoid or fissure heal within a few days. Very rarely, a hemorrhoid or fissure will become infected, will develop a clot within, or will not heal promptly. If this occurs, your health care provider may recommend that you undergo a surgical procedure or use a newly researched medication to help heal the fissure.

Hold off on more anal sex until your current discomfort and bleeding are completely gone. When you resume anal sex, here are some recommendations to help prevent anal fissures in the future:

- Talk with your partner about the need for the inserter to go very slowly and gently, and the absolute requirement that your word is law: if you say stop, s/he stops.
- Use lots of water- or silicone-based lube.
- If fingers are going to be inserted in your anus, fingernails need to be well trimmed, smooth, and clean.
- Some people like to start with a clipped nail finger in the anus, moved very slowly inside. When there's pain, stop and wait a moment and breathe. This will allow the internal anal sphincter to relax. Once the discomfort stops, continue. If a finger is comfortable, you can proceed with other sex toys or a penis.
- If you use a dildo, make sure it's soft and flexible, not stiff. This will help protect you against colonic perforation.
- If you're still having pain with anal penetration, you may want to see your health care provider about using rectal dilators. These are a set of instruments that get progressively larger. You begin by inserting the smallest-diameter dilator in your anus. When this is completely comfortable, you can move on to the next size, and on through the largest size. Your provider can also help you plan a safe and reasonable schedule of progressing through the different sizes.
- Consider receiving anal sex face down; this can decrease anal pressure.
- Be sure to understand and follow safer sex guidelines to avoid getting or giving infections, including HIV. For example, condoms need to be used for sexual activities where body fluids may be involved (including anal sex).

For more info about anal health and sex play, look for the books Anal Pleasure And Health by Jack Morin, Ph.D. and The Ultimate Guide To Anal Sex For Women by Tristan Taormino. Best of luck, Alice!

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