Anal pathologies

References:
1. Surgeon lecture Alliance Federation Sept 2017
2. Conference June 2018
3. Colorectal consultant Spire, May 2020
4. Dr Helen Lotery dermatology consultant, Southampton NHS, Jan 2021

Anal fissure

- 90% are posterior.
- Most idiopathic. Childbirth. Constipation. Straining.
- If multiple fissures think IBD, TB, Syphilis, HIV.

Symptoms

- Intense pain during defacation.
- Can persit severeal hrs after defacation.
- Might not see it, so can simply treat if classical Hx, and see if settles.

Management

- Fibre.
- Fluids.
- Lignocaine gel. Max 4/52.

if fails

- Anoheal (diltiazem) 2%, no headache.
OR
- Rectogesic (GTN) 0.2 - 0.4%, headaches lasts 1/52.

- Apply pea size amount BD for 6-8/52, even if feel better.
- Just on the edge of the anal verge, not inside.
- Increase blood supply to heal, and reduces spasm.

if fails

- Botox injected into internal anal sphincter.
- Lateral internal pshincerotomy.

Anal fistula

- The skin around is normal and calm. So unlikley abscess.
- 80-90% are due to cryptoglandular sepsis. The mucous gland gets infected then forms a track = fistula.

- Crohns.
- TB.
- Chlamidyia.
- Trauma.

- Recurrent abscess - think fistula
- Purulent discharge - think fistula.

Investigations

- MRI, or EUA

Management

- Refer to colorectal surgeon.
- Seton or more comlex procedures.

Haemorrhoids

- They are actually anal cushions at 3, 7 and 11 o'clock positions.
- They are sinusoids, connective tissue and smoth muscle.
- When downward displacement of cushions, you occlude venous flow and get engorgement.
- External haemmorrhoids are from perianal vessels.
- Internal haemorrhoids are from within and eventally come out.

- Due to:
- Diarrhoea can cause as increased bowel transit which puts pressure on anal canal.
- Ageing.
- Lack of exercise.

- Mucous and faecal seeping due to the bad haemorrhoids stopping the sphincter from working well enough.
- Useful to grade as treatment differs.

Mild/early haemorrhoids:
- Diet.
- Exercise.
- Avoid straining.
- Avoid sitting for prolonged periods on toilet, just get off if nothing happening.
- Topical treatment e.g. annusol,scherlproct.

Surgical treatment:
- Banding = for grade 1-3.
- 60-80% success rate.
- When band falls off after 2/52 they might get brisk bleeding as the scab at the site falls away and may need hosp admission to fix.

HALO / THD:
- For grade 2-3.
- Use USS to suture the specific arterial blood vessel, which kills the haemorrhoid.

Haemorrhoidectomy:
- For grade 3-4.
- Very painful (agony) 2/52 post op.
- Flatus incontinence in 20%. As the anal cushions keep flatus in and once they are removed this can be lost.

If persitent bleeding PR e.g. 4 weeks then stronger justification to refer to 2o care.
Do not refer after one episode.
Watch and wait.

Perianal haematoma / external haemorrhoid.
Is severe need surgical admission to incision and drainage.

Rt side colectomy

- Your stools are looser as water not absorbed now from that part of gut.
- Loperamide and bulking agents (e.g. fybogel) can help.

Anterior recsection

- Anterior resection syndrome as cColon does not store as much hence:
- Faecal incontinence.
- Urgent.
- Frequent bowel motions.

Pruritis ani

- Treat cause e.g. haemorhoids, fissure, tags
- Avoid scratching.
- Wash rather than wipe
- Keep area dry, hair dryer.
- Cotton wool ball to absorb moisure when placed over anus
- Hydrocroisone to break cycle. use for 7 days.
- Refer if fails

- Dermatology consultant giving lecture on vulval dermatosis, adviced use same regime for peri-anal lichen simplex chronicus:
- Dermovate ointment ON for 2/52, then alternate night for 2/52, then twice weekly for 2/52, then stop.

Alternatively:
- Eumovate ointment (moderate) ON, and taper dose over 3/12.
OR
- Elocon ointment (potent) ON, and taper dose over 3/12.

Faecal incontinence and constipation

FINCH takes referrals from all around region.
Based in Sandwel Hosp.
STage 1 - review diet (cut out excess fluids, caffeine and sugar), meds
stool modification i.e. fybogel draws water in, loperamide.
pelvic floor exercises
sage 2 = bowel regtraining, sensory biofeedback
stage 3 = irrigation or wash out, PTNS (neuromodulations)
stage 4 = surgical review

Constipation
stage 1 = Diet
fluid intake, 3Lper day.
medications
exercise
correct defaecatory dynamics, squatty potty.
simple laxatives
stage 2 = bowel retraining to retrain them to use right muscles with sensory biofeedback. they have forgotten hwo to open boewls !
stage 3 = irrigation or washouts
prokinetics, prucalopride, lubiprostone, linaclotide
stage 4 = surgicla review