

PATIENTS FIRST



PERIANAL DISEASE

PETER LODER



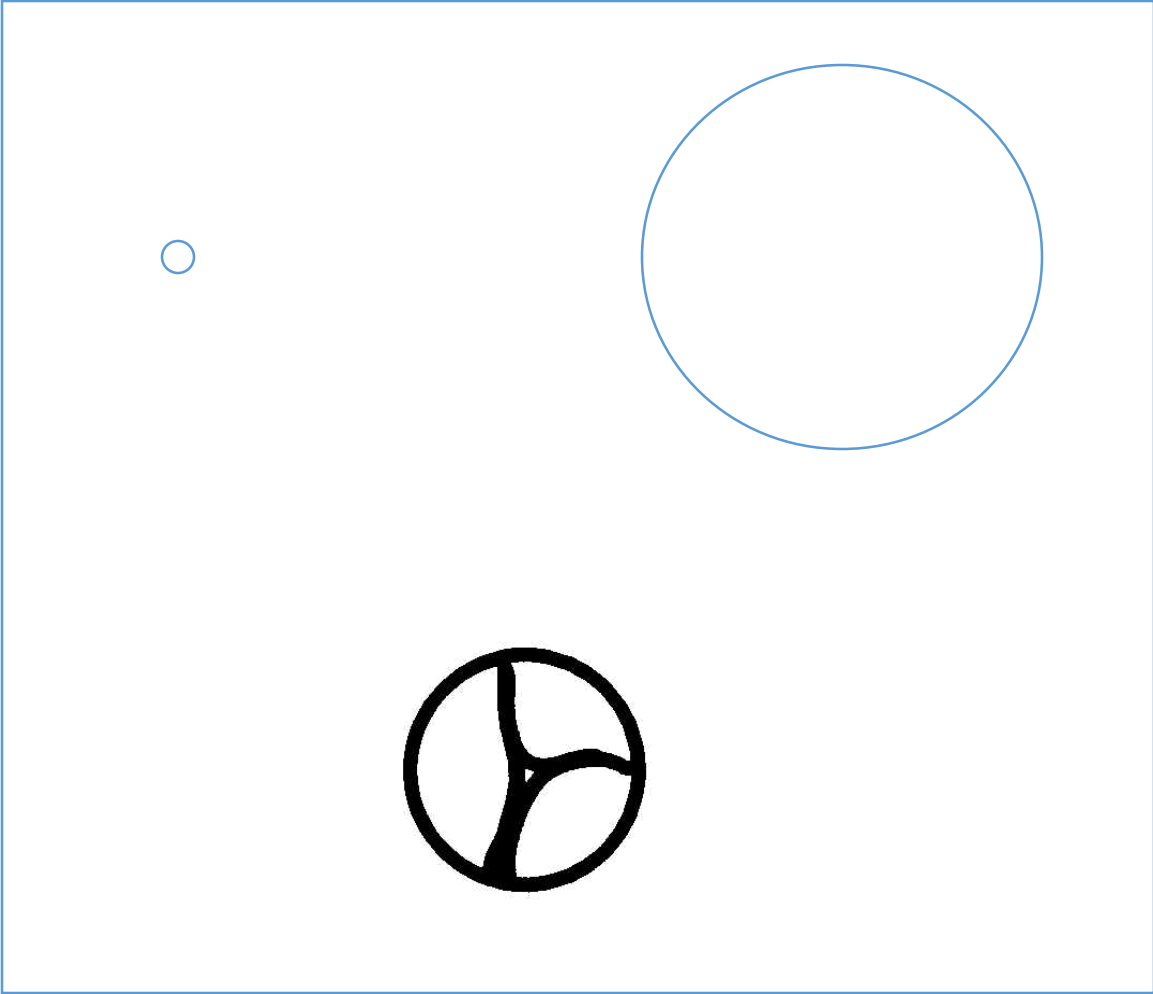
PERIANAL DISEASE

- haemorrhoids
- fissure
- abscess/fistula
- pot pourri
 - neoplasia
 - infections
 - dermatoses

HAEMORRHOIDS - DEFINITION

- Patient:
 - any anal affliction
- Doctor (non-gastro/surgeon):
 - almost any anal affliction
- Colorectal surgeon:
 - symptomatic affliction of the anal cushions

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ANAL CUSHIONS

- Normal structures
- Folds of anal lining
- Arteriovenous communications
- Supporting fibromuscular network
- Upper and lower vascular plexi

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HAEMORRHOIDS

- Prolapse of anal cushions
- High wear and tear area
- Blood vessels are normal
- Not strongly related to constipation
 - No evidence for lack of fibre
- Reading
- Family history
- Pregnancy
- Common (5-85%)

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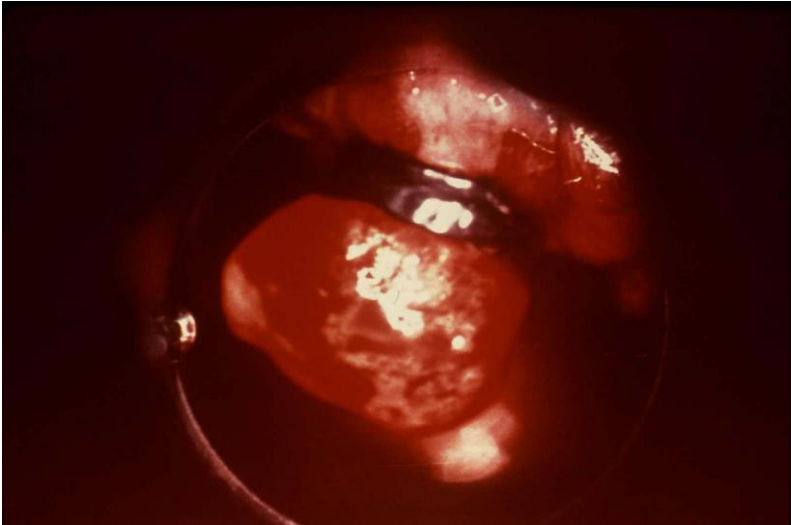
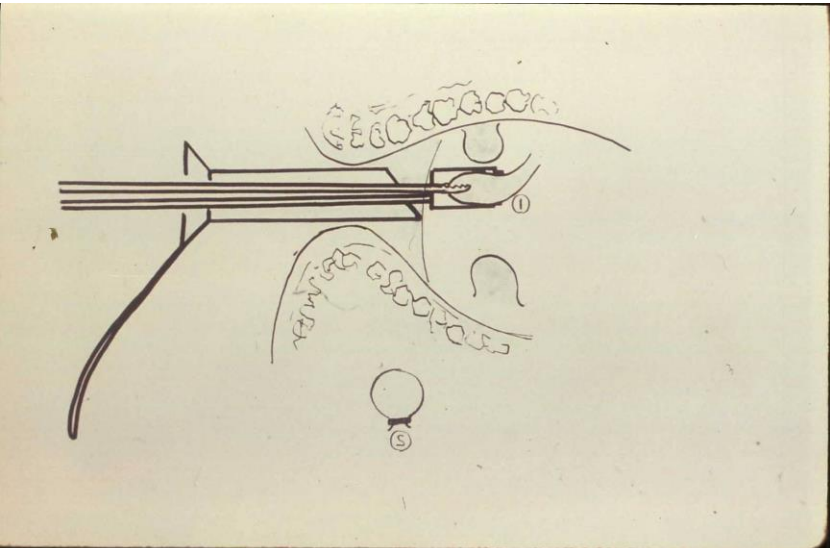
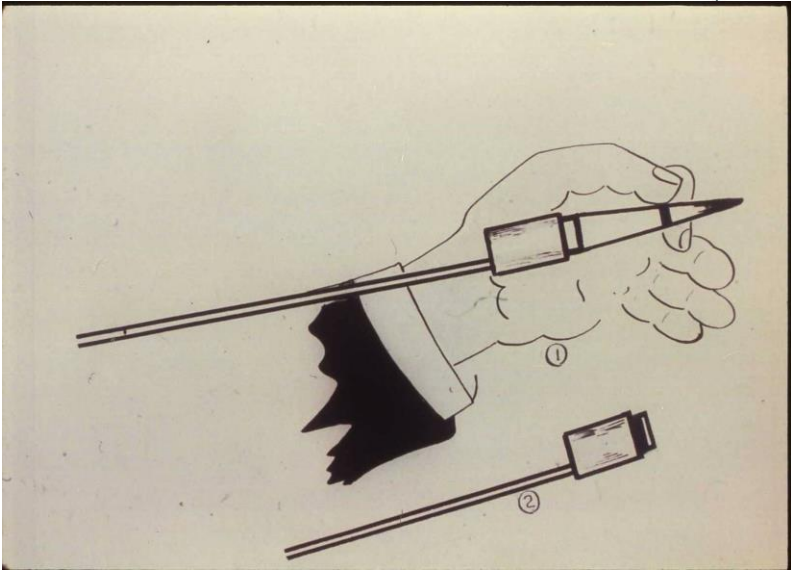
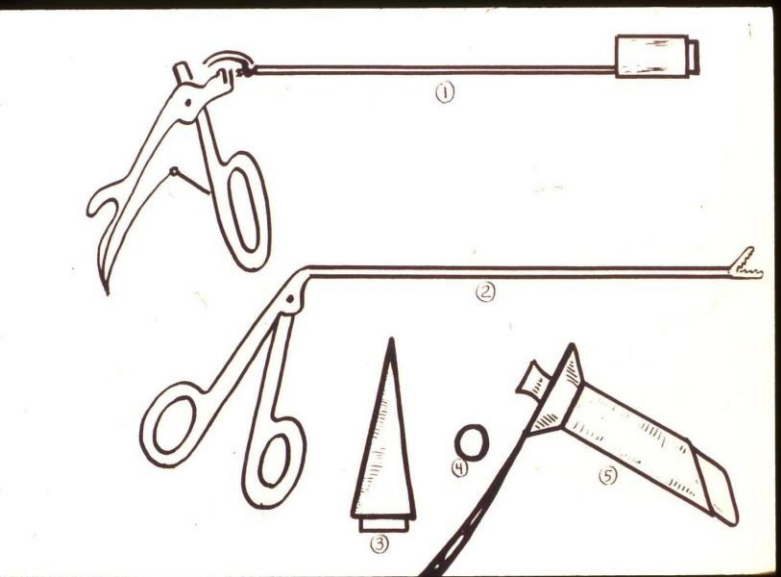


HAEMORRHOIDS

- Symptoms:
 - bleeding
 - prolapse
 - swelling
 - staining
 - discomfort, rarely pain
- Internal
- External

HAEMORRHOIDS

- Make diagnosis
 - exclude neoplasia/IBD
- Treatment:
 - symptoms
 - internal/external component
 - Diet, ointments = placebo
 - Injection sclerotherapy = placebo
 - Rubber band ligation
 - Ligation/plication procedures (THD, HAL-RAR)
 - Haemorrhoidectomy
 - Stapled haemorrhoidopexy



RUBBER BAND LIGATION

- treats internal component
- 70 – 80% effective
- ‘office’ procedure
- mostly well tolerated
 - pressure
- significant recurrence rate
- risks
 - 2° haemorrhage (1:400), sepsis, pain, syncope, thrombosed ext, haemorrhage

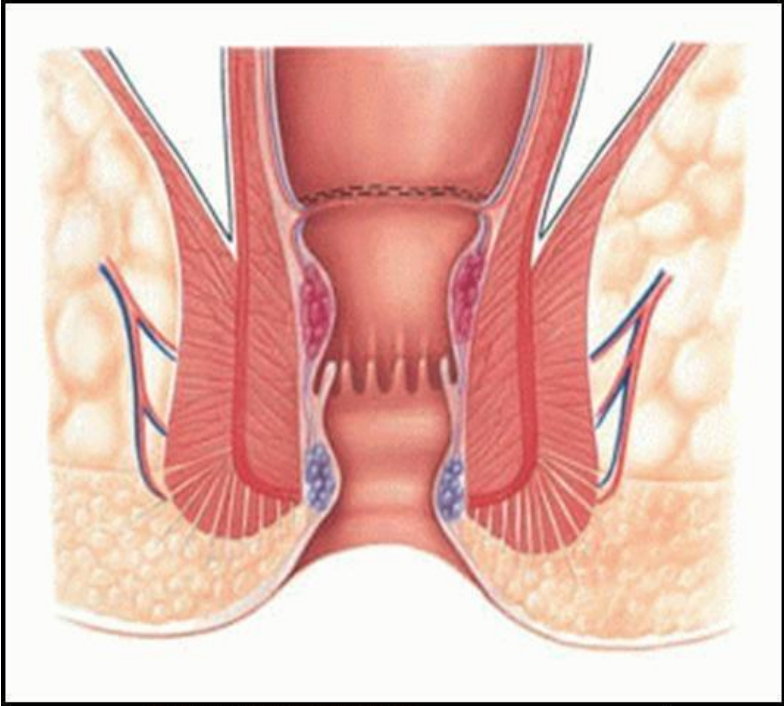
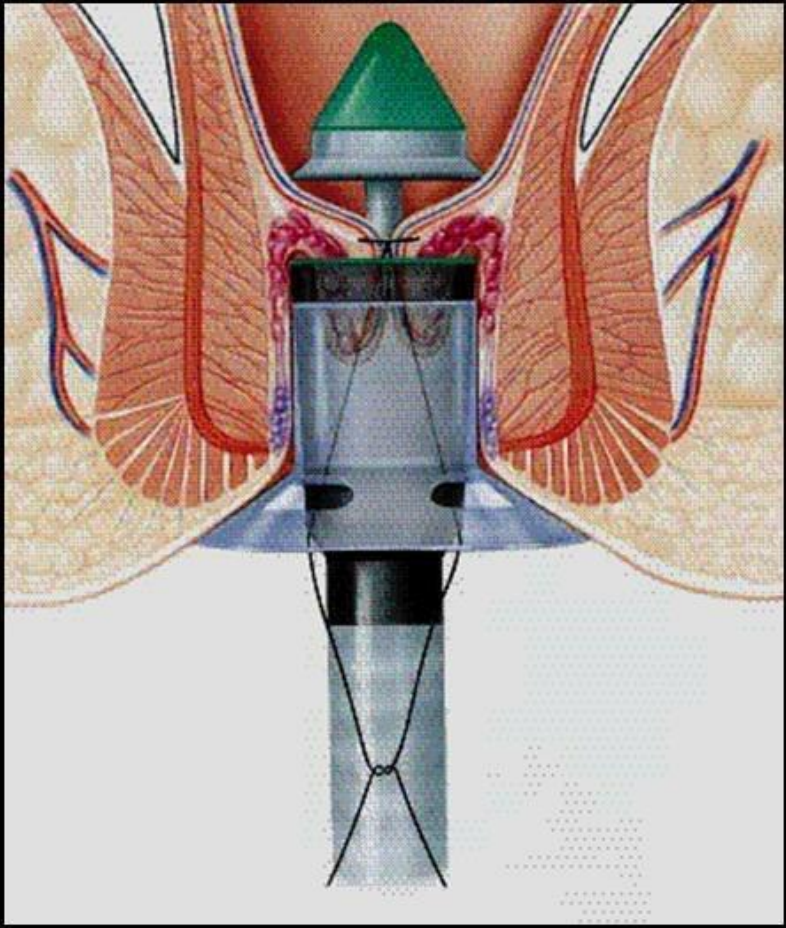
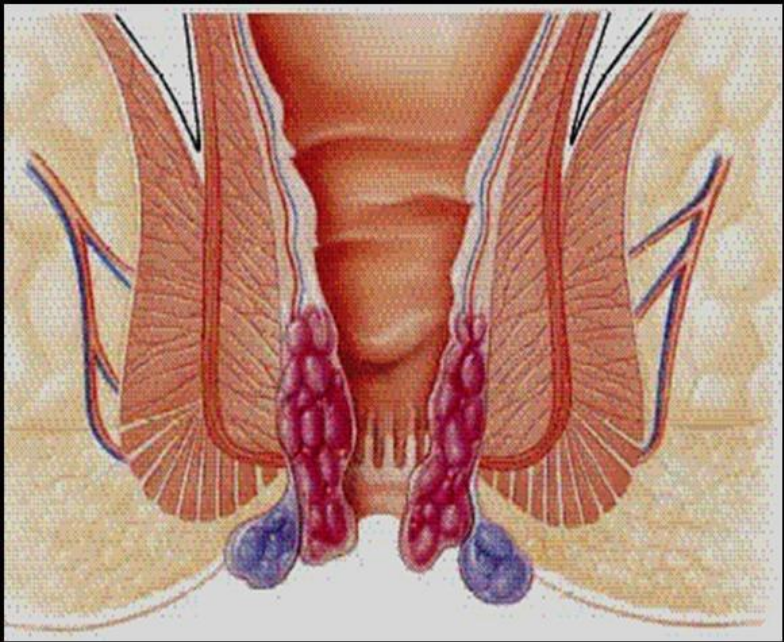
HAEMORRHOIDECTOMY

- only method that controls external component
- excises external and internal components
 - technical variations: no proven difference
- painful
- risks
 - stenosis, haemorrhage, incontinence
- generally good long term results

STAPLED HAEMORRHOIDOPEXY

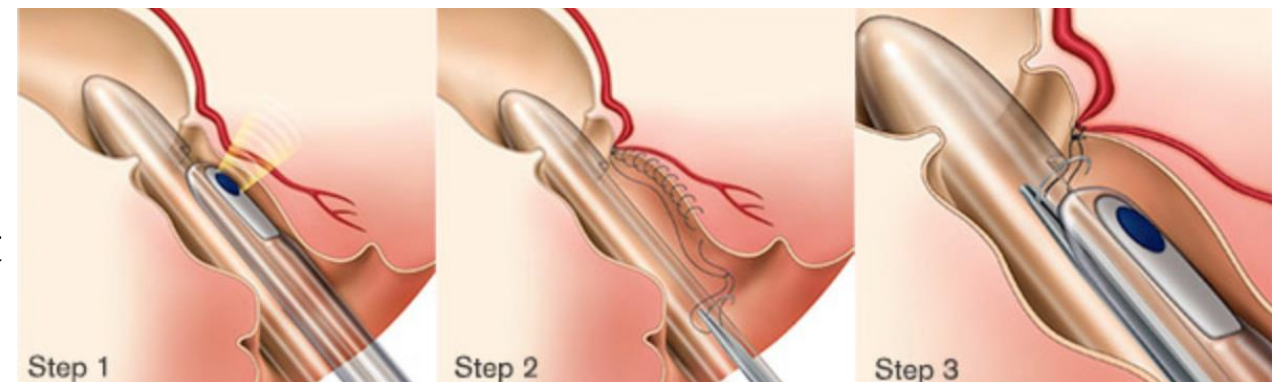
- less acute pain
- fails to deal with external component
- high recurrence rate
- technically challenging
 - disastrous complications
 - haemorrhage
 - chronic pain

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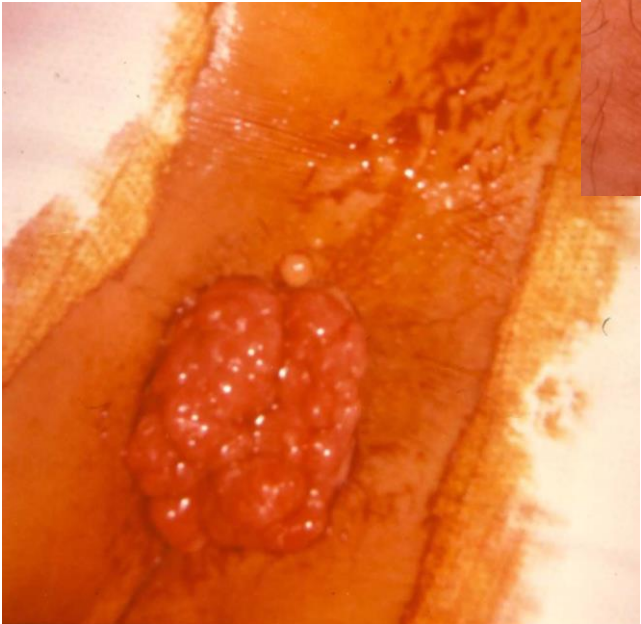


LIGATION/PPLICATION

- THD (Transanal Dearterialisation)
- HAL-RAR (Haemorrhoid Artery Ligation - Rectoanal Repair)
- Aims:
 - reduce arterial inflow
 - prevent prolapse
- does not control external component
- pain, retention

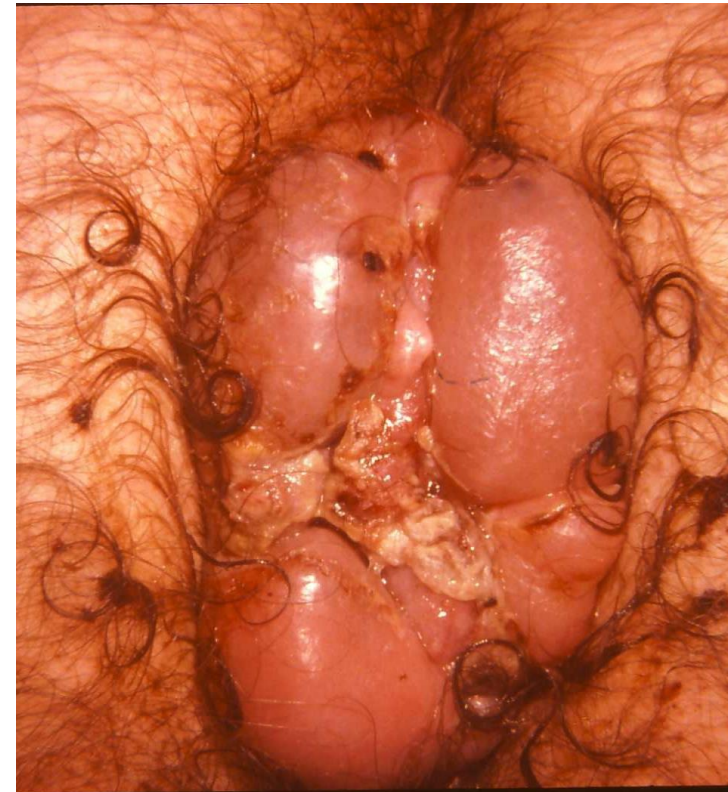


ALTERNATE DIAGNOSES



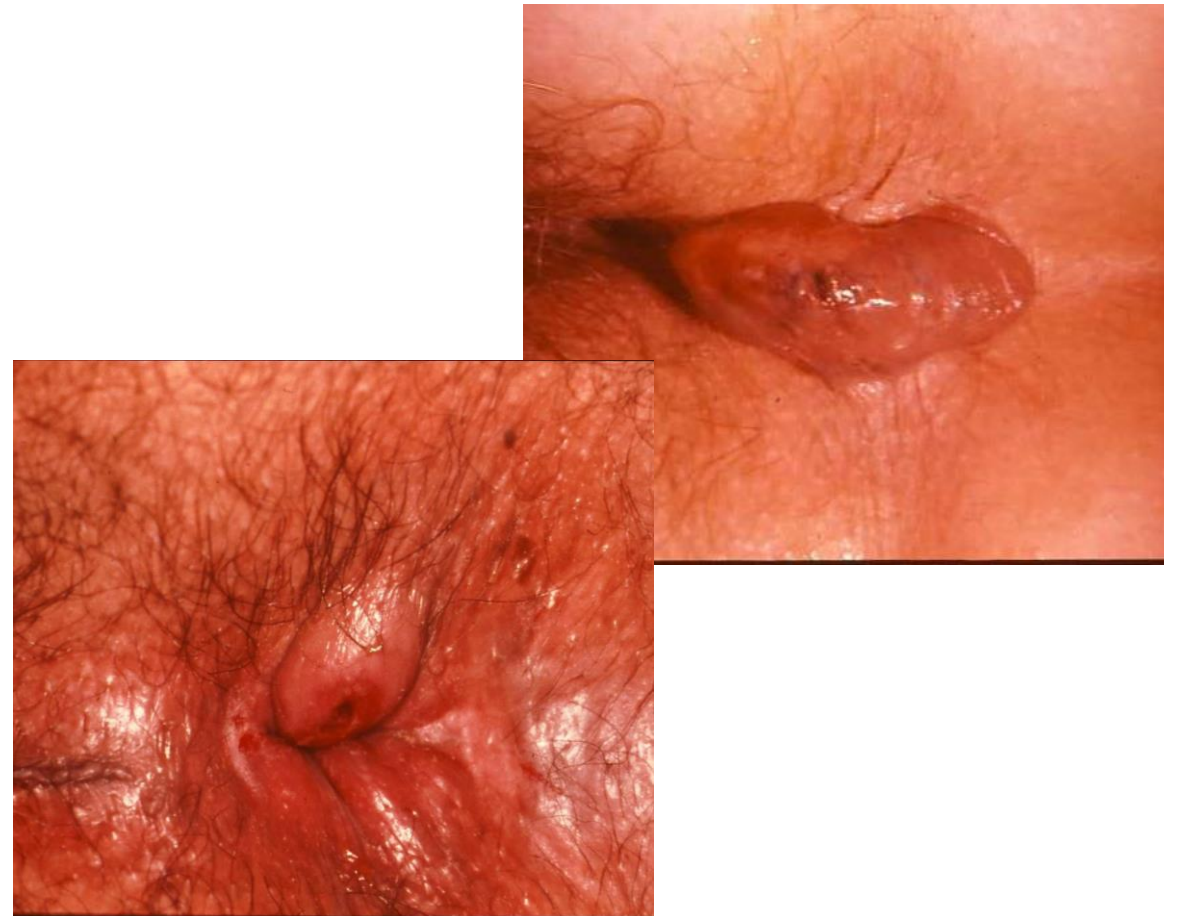
COMPLICATED HAEMORRHOIDS

- Pregnancy / delivery
- Complicating severe illness
- Conservative / haemorrhoidectomy
 - difficulty, risks
 - single or multiple
 - timing



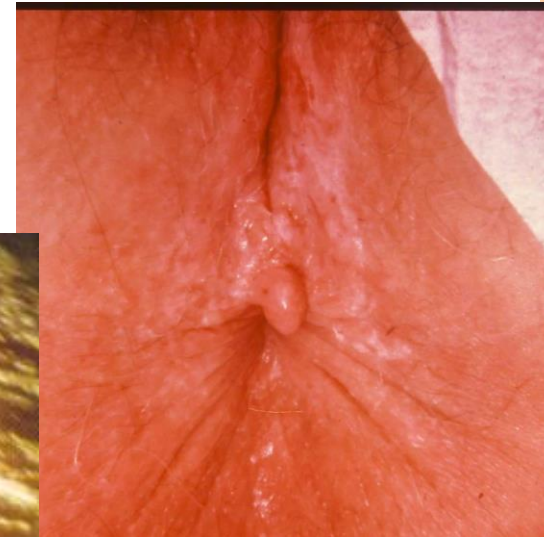
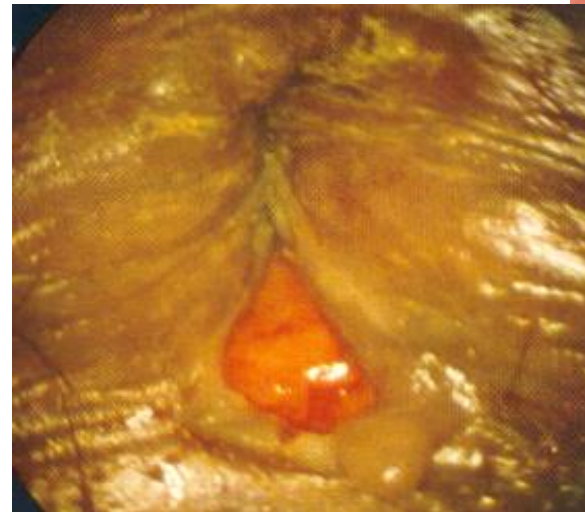
THROMBOSED EXTERNAL HAEMORRHOID

- rapid onset pain & swelling
- relieved by early evacuation of clot
- excision better



FISSURE-IN-ANO

- ischaemic ulcer
 - high anal tone → poor perfusion
- posterior > anterior midline
- acute/chronic
- sentinel pile
- sepsis, fistula



FISSURE-IN-ANO

- fibre, topical local anaesthetic
- GTN 0.2% (Rectogesic) 1 cm tds 6-8 weeks (headache!)
- topical/oral calcium channel blockers
 - nifedipine 0.5% gel
- Botox
- Lateral sphincterotomy
 - conservative
- Advancement flap

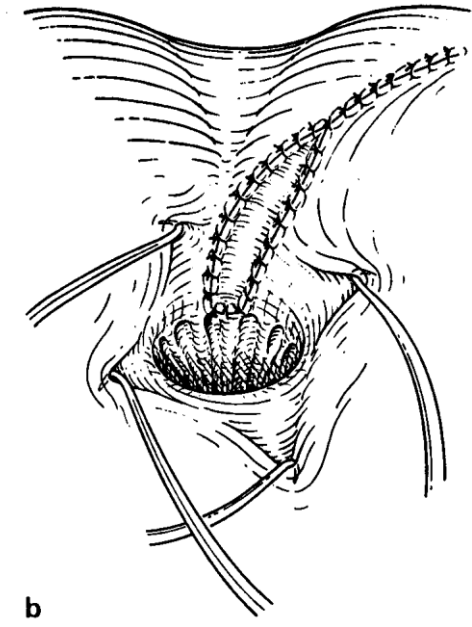
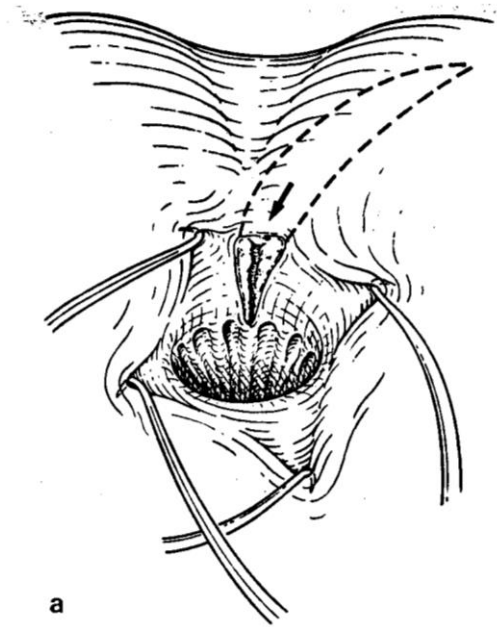
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'Gentlemen, I am about to witness the birth of an exciting, dynamic, young company.'

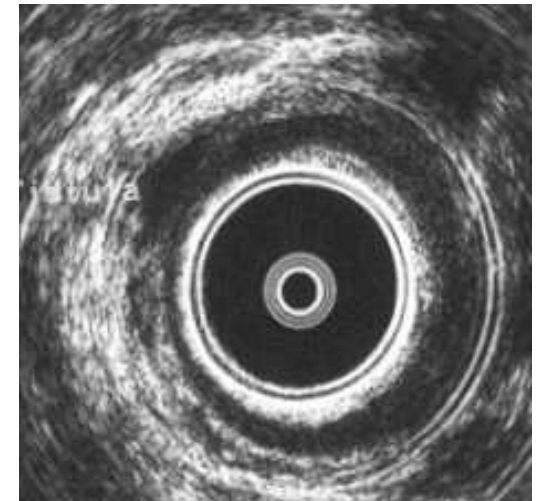
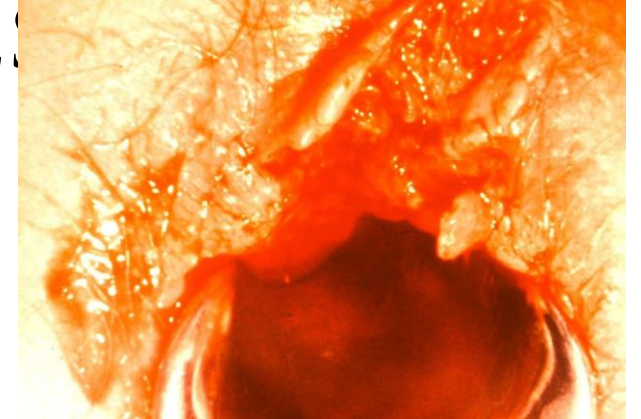
ANAL ADVANCEMENT FLAP

- recurrent fissure
- low tone, sphincter injury
- postpartum



ALTERNATE DIAGNOSES

- herpes, abscess, fistula, Crohn's, HIV, SCC



ABSCESS

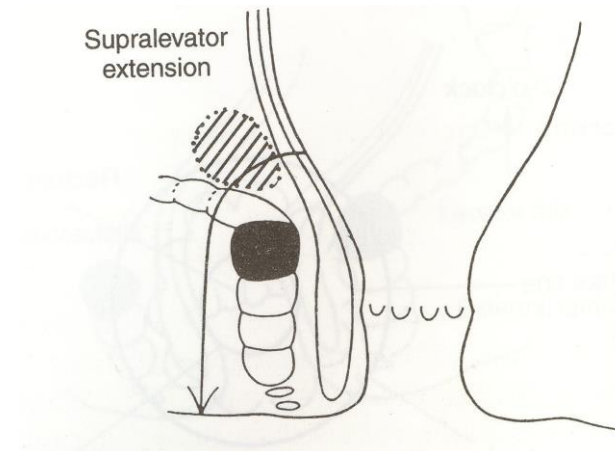
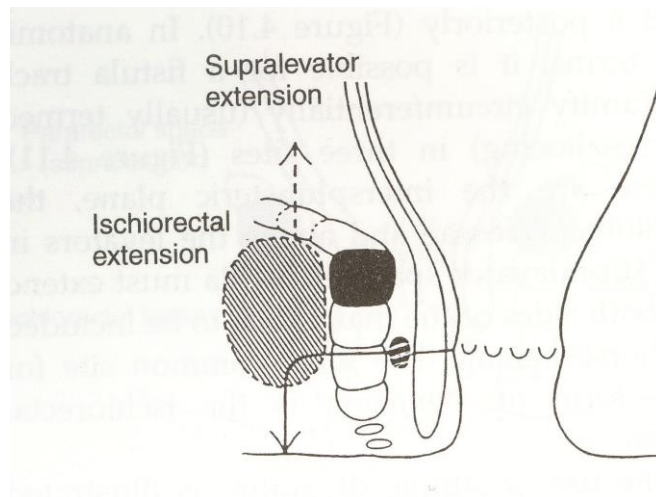
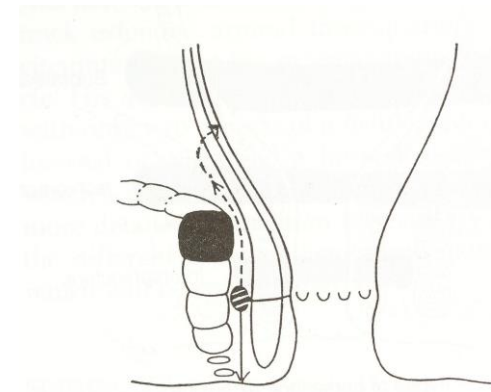
- cryptoglandular origin
- early drainage (tube)
- reexamine for fistula 4 weeks



ANAL FISTULA

Parks classification:

- intersphincteric
- transsphincteric
- suprasphincteric
- extrasphincteric
(superficial)

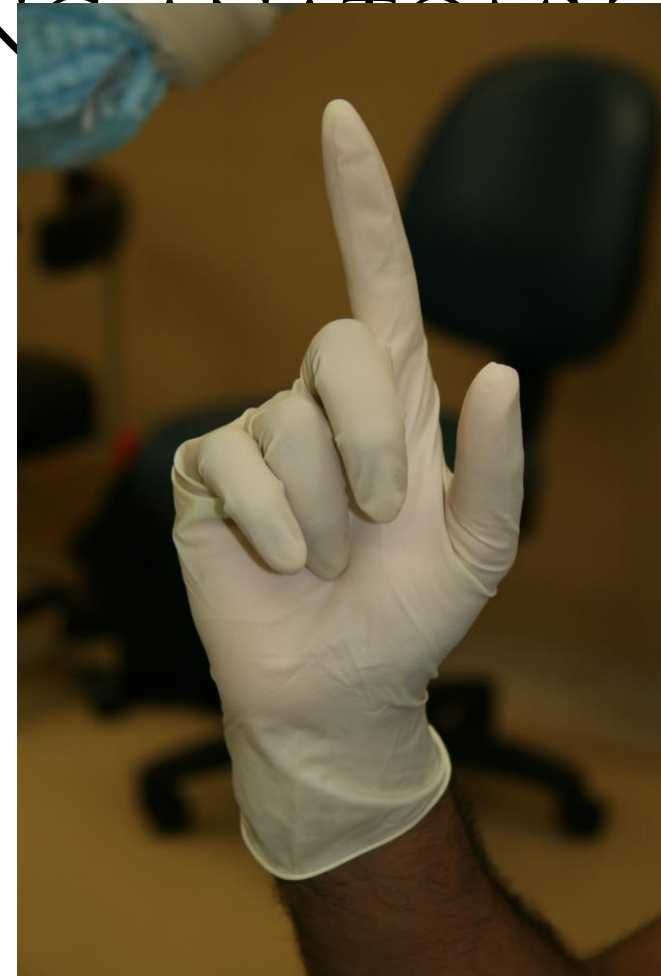


ANAL FISTULA – PRINCIPLES OF MANAGEMENT

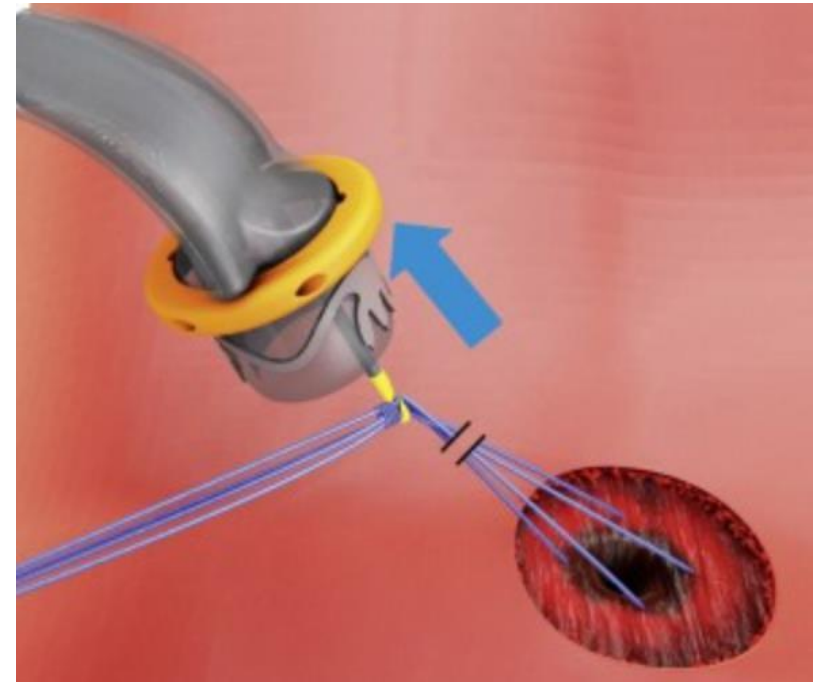
- drain abscesses
- define anatomy
 - primary track
 - secondary tracks
- maintain function
- cure vs control
- fistulotomy + dressings
- glue, VAAFT, plug, advancement flap, ‘core-out’ fistulectomy, re-routing, loose seton, tight seton

ANAL FISTULA – DEFINING ANATOMY

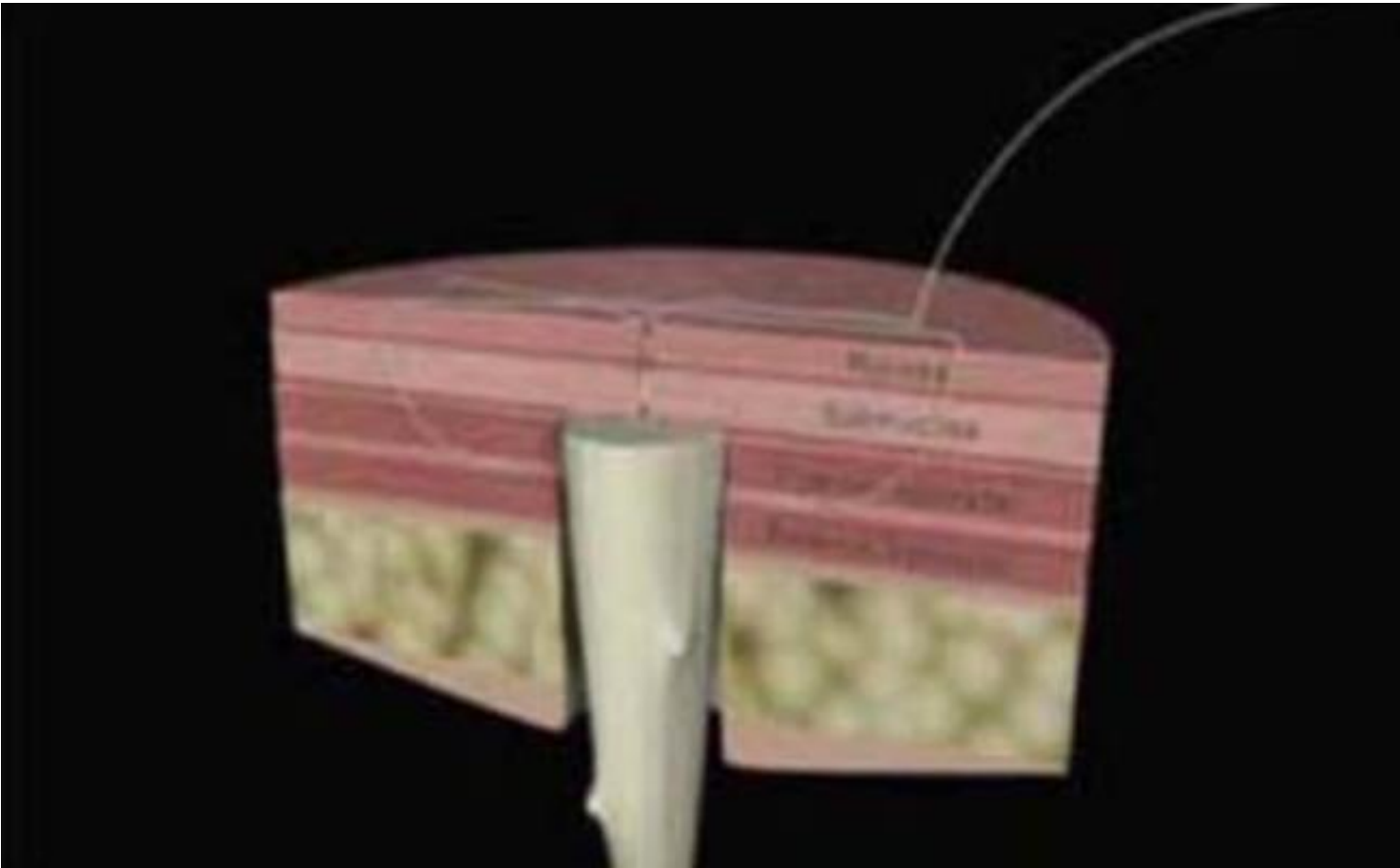
- THE EDUCATED FINGER
- MRI
 - “gold standard”
 - poor in Australia (MBS!)
- CT
- Anal endosonography
- fistulography



OTSC PROCTOLOGY FISTULA CLIP



FISTULA PLUG



NON-CRYPTOGLANDULAR ANAL SEPSIS

- Superficial (fissure)
- Crohn's disease
- presacral cysts
 - epidermoid, tail gut
- obstetric injury
- hidradenitis suppurativa
- fistulation from:
 - GI tract (Crohn's, diverticular)
 - GU tract (tubo-ovarian, urethra)
- tuberculosis

PILONIDAL ABSCESS



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MULTIPLE ABSCESSSES/OPENINGS



hidradenitis suppurativa



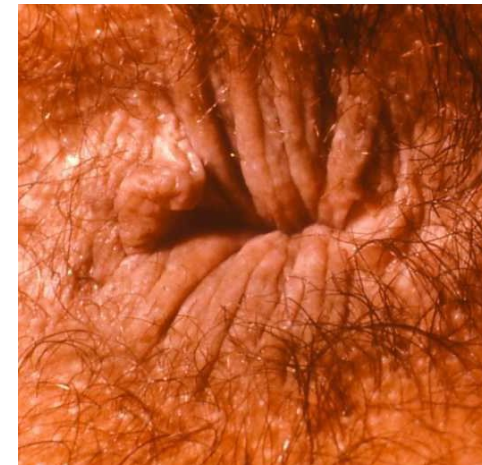
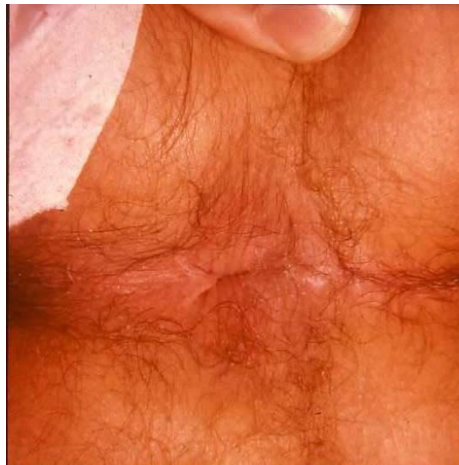
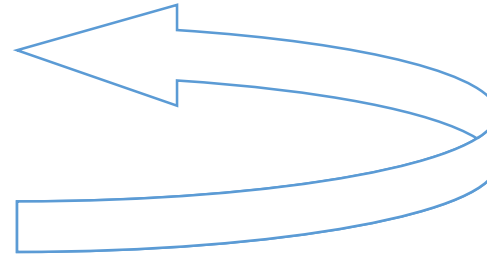
CROHN'S DISEASE

PRURITUS ANI

- urgent consultation!
- return before review
- pathogenesis
 - seepage
 - incomplete emptying
 - sloppy/sticky stool
 - diet
 - poor hygiene
 - ‘bottom polishing’
 - worms

PRURITUS ANI (2)

- irritation
- → scratching & excessive cleaning
- → skin changes



PRURITUS ANI (3)

- exclude alternate (occ. serious) pathology
 - treat
- explain nature of problem
- dietary advice (↓ fibre, coffee, alcohol)
- wash, avoid paper, soap
- pinch, don't scratch
- topical steroids short term
- give advice sheet



Fungal infection



Psoriasis

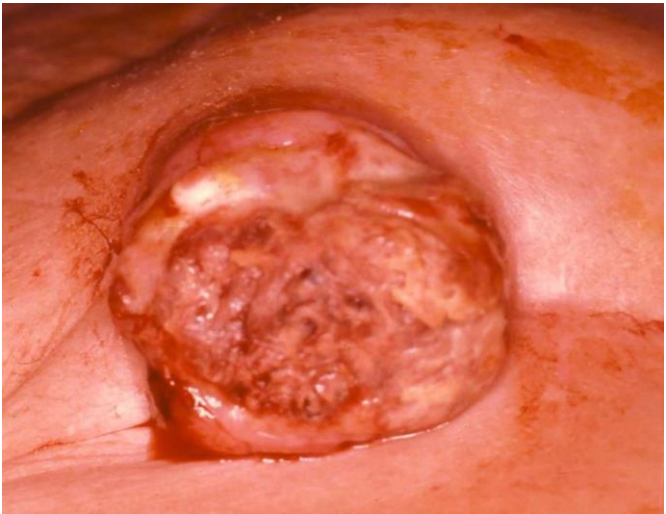


Bowen's disease/AIN



Paget's disease

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BUT WHAT DO YOU REALLY NEED TO KNOW ABOUT PERIANAL DISEASE?

- A: the name of a friendly colorectal surgeon with a taste for red wine!

