Office Management of Anorectal Disease

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Commonly seen Anorectal Disease

- Hemorrhoids
- Anal fissures
- Pruritus
- Abscesses
- Fistulae
Hemorrhoids by the numbers

- 50% of Americans with symptomatic hemorrhoids by the age of 50.
- 10-20 million Americans have active hemorrhoids (4 – 5% prevalence rate).
- >$250 mil spent annually on OTC products.
- More than 120,000 hemorrhoidectomies per year. Many are unnecessary.
- 1.5 million colonoscopies are done each year. 15 – 20% reveal hemorrhoids as cause of bleeding.
Hemorrhoids

- Enlarged vascular cushions in the anal canal (connective tissue and A-V communications)
- Left lateral, right anterior, and right posterior positions
- Add to resting sphincter pressure/continence

Etiology

- Straining
- Constipation
- Prolonged lavatory sitting
- Pregnancy, ascites, liver cirrhosis, FH
Classification

**Dentate line**

**Golligher’s classification**

- $1^\circ$ - Bleeding but no prolapse
- $2^\circ$ - Prolapse reduces spontaneously
- $3^\circ$ - Prolapse requires manual reduction
- $4^\circ$ - Prolapse cannot be reduced manually
• Perform an Ano-rectal examination:

Inspection

DRE

Anoscopy is quick and easy

• Hemorrhoids don’t hurt. Look for other causes
Hemorrhoids on Retroflexion
Prolapsed Internal Hemorrhoids
Chronic Thrombosed Internal/External Hemorrhoid
Ulcerated/Thrombosed Hemorrhoids
Acutely Prolapsed Internal and External Hemorrhoids
Rectal Prolapse
Ischiorectal Abscess
Condyloma/HPV
Fistulae
Anal Cancer
Thrombosed External Hemorrhoid

Painful!
Thrombosed External Hemorrhoids

- Acute rectal pain and mass.
- Associated with heavy lifting, straining, sitting, diarrhea.
- Anal sphincter spasm.
- I & D best done within first 48 - 72 hrs. for severe pain.
- Rx warm baths, stool softeners, Lidocaine ointment, analgesics, supine position, NTG, or calcium channel blocker ointment.
- Up to 50% will experience further hemorrhoid problems. After acute episode resolves proceed with anoscopy and banding.
Nonoperative Treatment Options

- Rubber band ligation,
- Infrared photocoagulation,
- Injection sclerotherapy,
- Bipolar diathermy,
- Cryotherapy,
Rubber Band Ligation

Rubber band ligation relies on the tight encirclement of redundant mucosa, connective tissue, and blood vessels in the Hemorrhoidal complex (at least 2 cm above the dentate line).
In Office Hemorrhoid Banding
Rubber Band Ligation

Initial appearance

Rapidly becomes ischemic

Tissue sloughs
Results after 3 bandings – resolution of hemorrhoids
Rubber Band Ligation

Complications

• pain, reported in 5%–60% (managed with sitz baths and over-the-counter analgesics)

• abscess, urinary retention, band slippage, bleeding

• Necrotizing pelvic sepsis is a rare complication (severe pain, high fever and urinary retention)
Infrared Photocoagulation

- focuses energy from a tungsten-halogen lamp.
- Probe tip must touch the hemorrhoidal tissue at its base.
- 0.5- to 2-second pulses of energy are delivered.
- Multiple hemorrhoids can be treated.
- The depth of tissue injury is about 2.5 mm.
Infrared Coagulation
Infrared Coagulation

courtesy of Redfield corp NJ
Anal Fissures

• A linear tear in the anoderm caused by passage of hard stool, diarrhea, straining, sitting too long.

• Most often found in posterior midline, less commonly anterior midline.

• Ischemic component – poor blood supply to posterior midline, worsened by sphincter spasm.

• Deep fissures expose underlying internal sphincter.

• Sharp pain on BM

• Associated hemorrhoids are common.
Anal Fissure

You will NOT see every anal fissure!

• Tenderness in midline (posterior >>>>> anterior).
• Presence of inflammatory tissue or healing scar.
• A “rough” area in posterior midline surrounded by smooth tissue.
• Sentinel tag.

If patients have multiple fissures including those not in midline, rule out other processes (Crohns?, AIDS?)
Pathophysiology

- Mucosal Injury
- Trauma
- Pain
- Fear
- Spasm
- Ischemia
- Inability to Heal
Anal Fissure Rx

- Fiber (15 – 20 gm/day), increase fluid intake, limit time on commode, no straining, sitz baths.
- NTG ointment, 0.125%. Treat for 4-6 wks.
- 2% Diltiazem, 0.5% Nifedipine. Treat for 4-6 wks.
- Botox effective but expensive.
- Surgery is effective but has up to a 10% incontinence rate (most studies report 2 – 4%).
# Medical Treatment Summary

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Healing Rate</th>
<th>Safety</th>
<th>Recurrence Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diltiazem</td>
<td>2-4%</td>
<td>67-89%</td>
<td>Lower incidence than NTG, well tolerated</td>
<td>11% or less</td>
</tr>
<tr>
<td>Nifedipine</td>
<td>0.2-0.5%</td>
<td>~95%</td>
<td>Lower incidence than NTG, well tolerated</td>
<td>~6%</td>
</tr>
<tr>
<td>NTG</td>
<td>0.4%</td>
<td>40-68%</td>
<td>Headache (5.9-56%); dose related and causes d/c in up to 20%</td>
<td>7.9-50%; dramatically higher than surgery</td>
</tr>
</tbody>
</table>

Pruritus Ani
Pruritus Ani

- Contact dermatitis from soap, perfumes, dye in toilet paper, or hemorrhoid creams or wipes.
- Fungal infections
- Citrus fruits, grapes, tomatoes, spices, beer, milk, tea, or coffee may exacerbate condition.
- Laxatives, colpermin, and antibiotics may cause itch.

Keep area clean and dry. Loose pants, cotton underwear. Balneol and Lotrimin or Lotrisone Rx. Band hemorrhoids and treat fissure.
Summary:

• Perform an ANO-rectal examination (Inspection, DRE, Anoscopy) to properly evaluate patient.

• In-office treatment of hemorrhoids safe and effective. IRC in Pregnant and anticoag.

• Band one hemorrhoidal column per visit to minimize complications.

• You don’t always see anal fissures – make this a clinical diagnosis. Treat aggressively.

• Hemorrhoids don’t hurt. Look for other causes
“THE END”