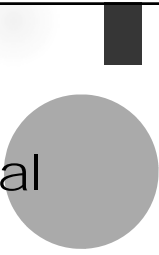


**GI FOR GP'S**  
Common Perianal  
Problems

DR ART PLEWES MD,BSC.,FRCS(C),FACS,FBCRS



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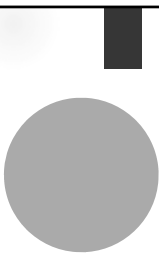
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**GI FOR GP'S**

- ▶ Disclosure
- ▶ None



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**Hemorrhoids, Fissures, and Pruritis**

- ▶ **OUTLINE**
- ▶ BASIC
- ▶ PRACTICAL
- ▶ CHALLENGES



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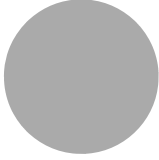
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Hemorrhoids - Basic

- ▶ 4 degrees – related to prolapse
- ▶ Painless Bleeding
- ▶ Anal Verge type
- ▶ 8 C's of diagnosis



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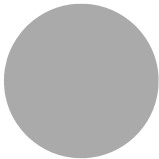
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Hemorrhoids - Basic

- ▶ Constipation



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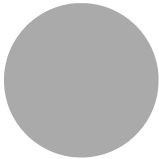
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Hemorrhoids - Basic

- ▶ Constipation
- ▶ Conception



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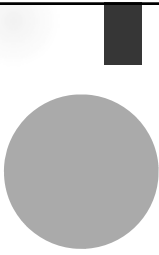
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Hemorrhoids - Basic

- ▶ Constipation
- ▶ Conception
- ▶ Congenital



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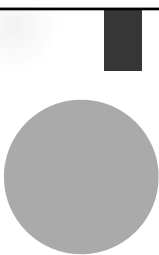
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Hemorrhoids - Basic

- ▶ Constipation
- ▶ Conception
- ▶ Congenital
- ▶ Construction(straining)



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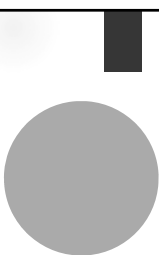
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Hemorrhoids - Basic

- ▶ Constipation
- ▶ Conception
- ▶ Congenital
- ▶ Construction(straining)
- ▶ COPD (Chronic cough)



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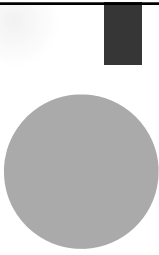
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Hemorrhoids - Basic

- ▶ Constipation
- ▶ Conception
- ▶ Congenital
- ▶ Construction(straining)
- ▶ COPD (Chronic cough)
- ▶ Cirrhosis



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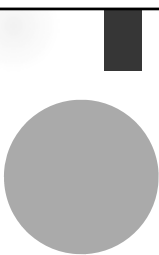
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Hemorrhoids - Basic

- ▶ Constipation
- ▶ Conception
- ▶ Congenital
- ▶ Construction(straining)
- ▶ COPD (Chronic cough)
- ▶ Cirrhosis
- ▶ Cancer



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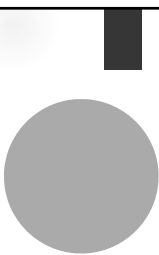
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Hemorrhoids - Basic

- ▶ Constipation
- ▶ Conception
- ▶ Congenital
- ▶ Construction(straining)
- ▶ COPD (Chronic cough)
- ▶ Cirrhosis
- ▶ Cancer



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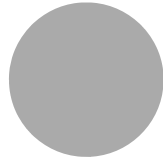
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### Hemorrhoids - Basic

- ▶ Constipation
- ▶ Conception
- ▶ Congenital
- ▶ Construction(straining)
- ▶ COPD (Chronic cough)
- ▶ Cirrhosis
- ▶ Cancer
- ▶ Crohn's



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### Hemorrhoids - Practical

- ▶ 1<sup>st</sup> degree = diet
- ▶ 2<sup>nd</sup> and 3<sup>rd</sup> diet then referral (candidate for banding)
- ▶ 4<sup>th</sup> = surgery (banding 50% effective only)
- ▶ Thrombosed Hemorrhoid - History and Exam -painful bluish nodule max benefit if excised within 48 hrs.
- ▶ ?scope if under 40 respond to conservative measures not necessary
- ▶ Over 50 = scope
- ▶ Clinically very worried for proximal disease = call or CT Colonography



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### Hemorrhoids - Challenges

- ▶ Many patients have mixed symptoms
- ▶ Everything is a hemorrhoid
- ▶ Tags often pruritis beware fissure
- ▶ Cirrhosis, anticoagulation patient



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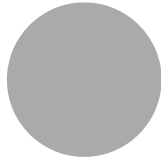
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### FISSURES - Basic

- ▶ Anterior and Posterior Midline
- ▶ Pain with BM (much worse)
- ▶ Tight internal sphincter palpation
- ▶ Sentinel Tag



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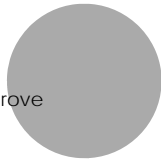
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### FISSURES - Practical

- ▶ Look!
- ▶ Feel Internal sphincter
- ▶ Diltiazem 2% tid for 6-8 weeks should improve usually by 10 days
- ▶ Avoid constipation
- ▶ If fails refer for Botox injection



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### FISSURES - Challenges

- ▶ Relaxed internal sphincter and ulcer
- ▶ Beware lateral non standard fissures
- ▶ Surgery options.



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### PRURITIS ANI - Basic

- ▶ Common Initiators
  - ▶ Dietary – chocolate, tomato, hot spice
  - ▶ Mechanical – moisture – sweating, stool, (incontinence, diarrhea)
- ▶ Cycle Irritate → excessive cleansing → irritate etc.

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### PRURITIS ANI - Practical

- ▶ None medical management (see handout)  
Important – patient buy in necessary  
Fiber and dietary management
- ▶ Medical – Proprietary – Anusol, Calmoseptine, Witch Hazel  
Medical – Steroid and Antifungal

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### PRURITIS ANI - Challenges

- ▶ If asymmetric, or leukoplakia, or if compliant patient with no improvement will need biopsy under local
- ▶ Pruritis differential also pinworms, fistula, condylomata

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