Anorectal Emergency

Part I

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Outline

Part I

- Anorectal bleeding
  - Bleeding hemorrhoids
  - Acute anal fissure
  - Bleeding rectal varices
  - Bleeding anorectal tumor
  - Radiation Proctitis
  - Anorectal STD
- Obstructed CA rectum

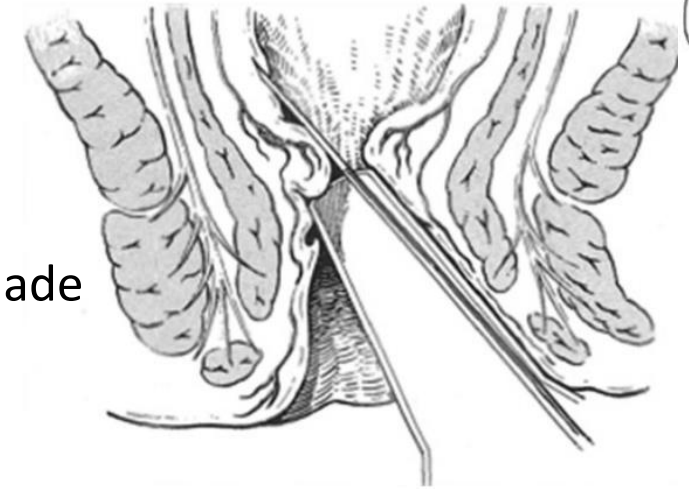
Part II

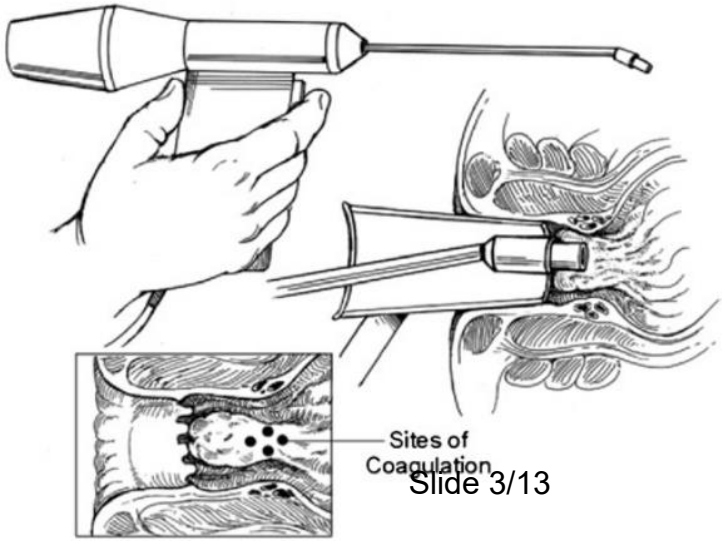
- Anorectal pain
  - Anorectal sepsis/Anorectal abscess
  - Thrombosed/Strangulated hemorrhoid
  - Fournier Gangrene
  - Anal/rectal cancer
  - Pruritus ani
  - Anorectal STD
  - Proctalgia fugax

***Exclude Trauma and Foreign body problems

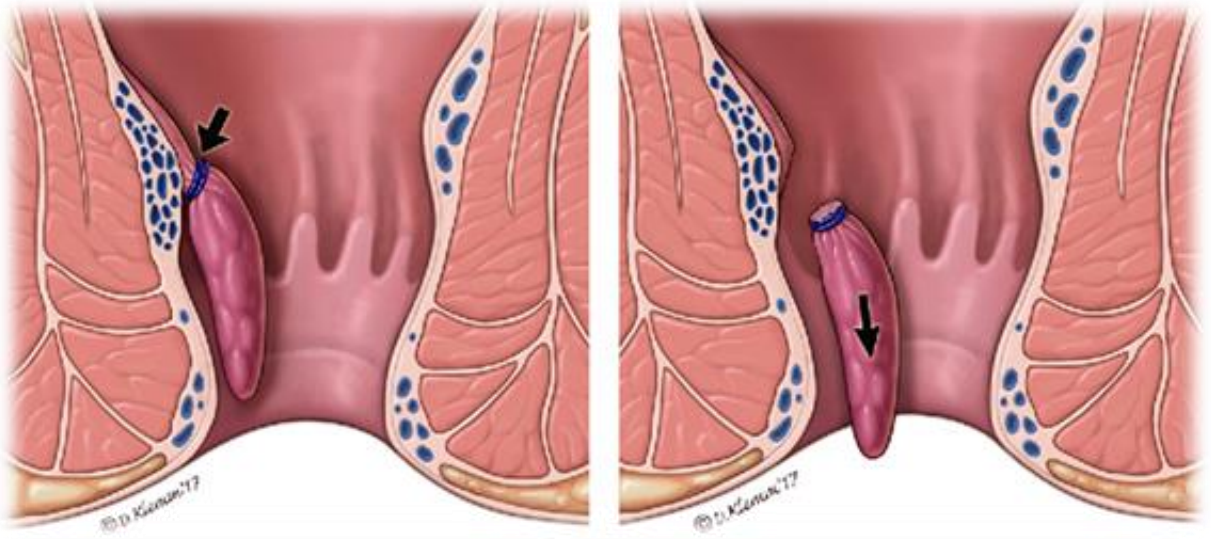
Bleeding hemorrhoids

- Clinical : painless, bright-red, +/-lump
- Work up : Proctoscope, Lab CBC, Coagulogram & plt. activity
- Treatments
  - LSM : ↑Fiber diet, ↑ fluid intake, ↑ exercise, Straining avoidance
  - Medication : Flavonoid, Fiber, laxative, topical agents
  - Interventions
    - Rubber band ligation*
    - Sclerotherapy injection
    - Laser/Infrared coagulation
    - Local packing or Balloon tamponade
  - Operative management



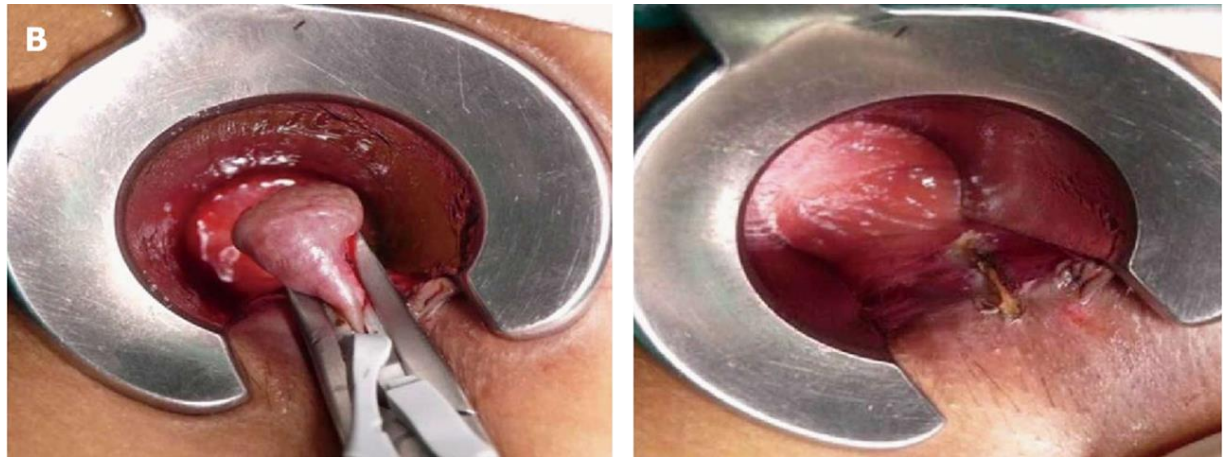


Bleeding hemorrhoids



- Rubber band ligation
  - 1st described by Barron in 1963
  - Internal hemorrhoid only *recommmend 1-2cm above dentate line*
  - Multiple banding (1-3) can be done *but ↑adverse events*
  - Rare complication : Pelvic sepsis
    - *Triads 1.Severe pain 2.Fever 3.Urinary retention*
  - Contraindications : Immunocompromised host, Coagulopathy, Thrombophilia

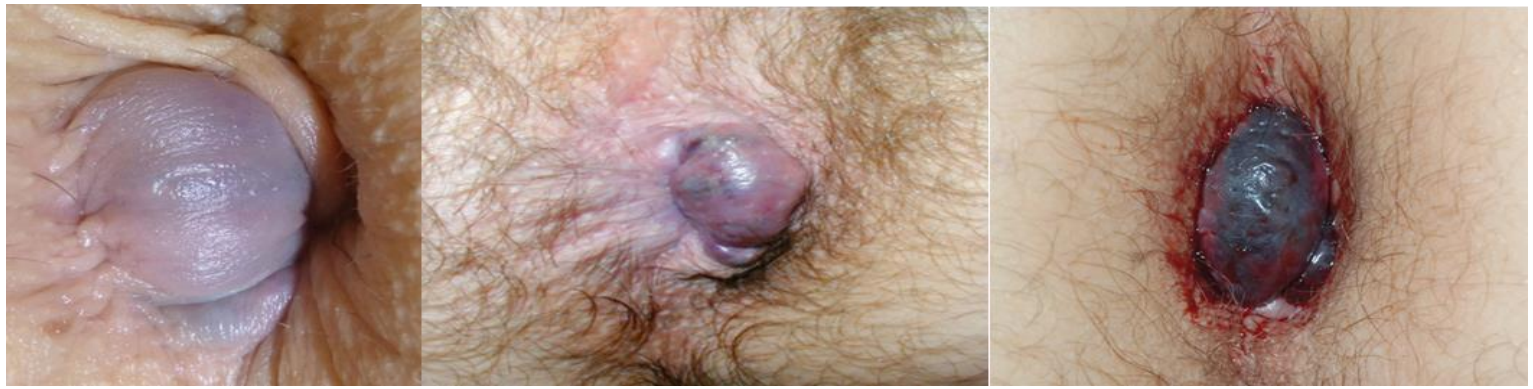
Bleeding hemorrhoids



- Operative managements
  - Closed technique hemorrhoidectomy
    - Conventional
    - Vessel sealing (↓op time , ↓blood loss)
  - Tips&Tricks
    - Positioning is per Surgeon preference
    - Apply Xylocaine+Adrenaline to perianal skin & hemorrhoid base
    - Use large anoscope/retractor
    - Use delayed absorbable suture material
    - Suture ligate at hemorrhoid apex/pedicle
    - Suture plicate small lesions
    - No excision > 3 hemorrhoids or > 50% circumferential mucosa
    - Adjunct LIS

Nienhuijs S., Cochrane Database Syst Rev.2009
Lohsiriwat V., World J Gastroenterol, 2016
ASCRS manual 3rd ed., 2019

Thrombosed/Strangulated hemorrhoids



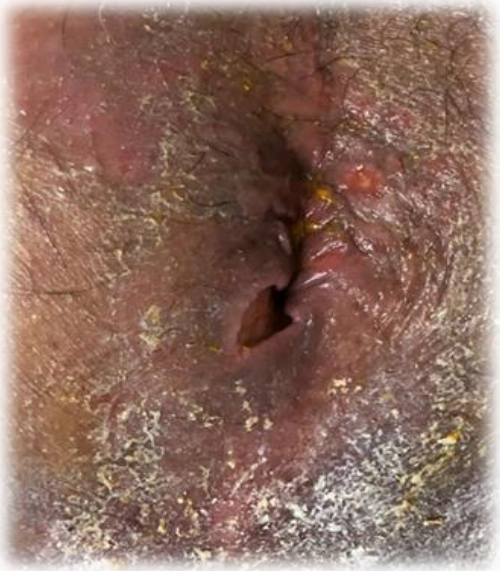
- Clinical : painful lump
- Work up : none
- Treatments
  - LSM : Fiber diet, fluid intake, exercise, Straining avoidance
  - Warm Sitz Bath
  - Medication : Flavonoid, NSAIDs, ATB, Fiber, laxative, topical agents
  - Operative management
    - Clot removal, I&D
    - Urgent Hemorrhoidectomy

Avoid sx intervention in Immunocompromised host and Crohn disease

Acute anal fissure

<6weeks

- Clinical : sharp/tearing pain + Red blood
- Treatment options *healing rate 90% in 2 weeks*
  - LSM : ↑Fiber diet, ↑ fluid intake, ↑ exercise, Straining avoidance
  - Warm Sitz Bath *bid+prn defecation*
  - Medication : Fiber, laxative, topical agents (Vaseline, KY, Urea, Ointment)

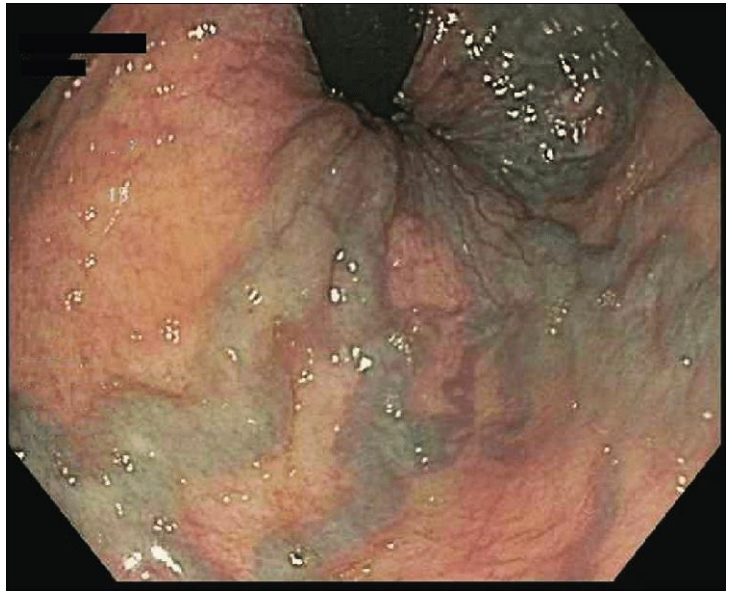


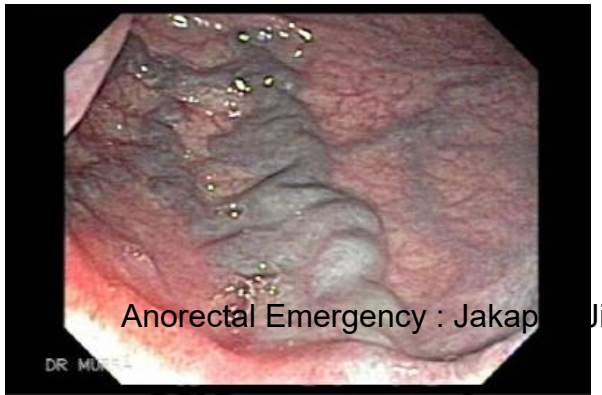
Bleeding rectal varices

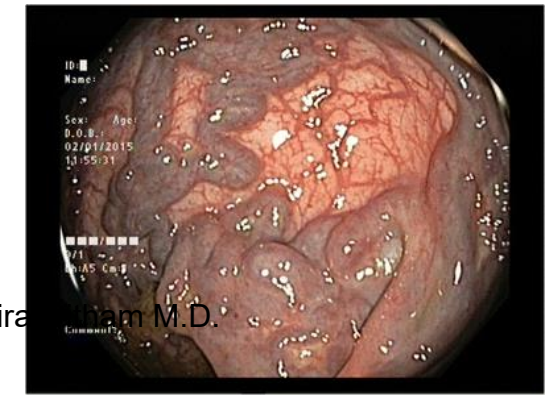
- Clinical : Asymptomatic, 80-90%in PHT(cirrhotic/non-cirrhotic)
- WorkUp : Anoscopy, Colonoscopy

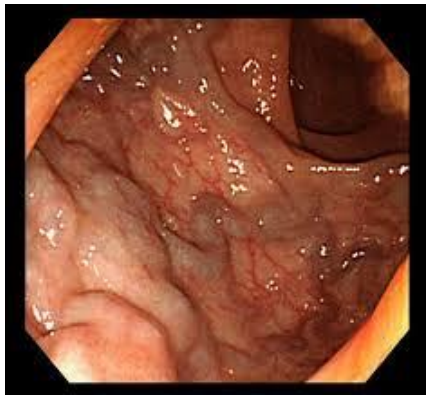
Varice size >9 mm predict poor outcome

Feature	Rectal Varice	Hemorrhoids
Site	Rectum +/- Anal canal	Anal canal
Color	Blue-Grey	Purple
Character	Dilated, Tortuous	Less dilate, smaller size
Prolapse	No	Yes
Compressible	Yes	No









S. Maslekar et al., Colorectal Dis. 2013

Bleeding rectal varices

Permissive Hypotension resuscitation
- Keep SBP 90-100 mmHg
- Keep HR < 100 bpm
- Keep Hct > 24%

- Treatment : after resuscitation, correct coag.
  - Medications :
    - Octreotide/somatostatin?
  - Endoscopic :
    - Band ligation
    - Sclerotherapy
  - Radiologic :
    - TIPS + embolization
  - Operation :
    - Suture ligation
    - Staple anopexy
    - DG-HAL
    - Portosystemic shunt
    - IMV ligation
    - Liver Transplantation

S. Maslekar et al., Colorectal Dis. 2013
S. Sarin et al.(APASL), Hepatol Int. 2011

Radiation proctitis

- Clinical : Acute VS Chronic
- Work up : Colonoscopy

中国放射性直肠炎诊治专家共识（2018版）
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中华医学会外科学分会结直肠外科学组
中华胃肠外科杂志, 2018,21(12)：1321-1336. DOI: 10.3760/cma.j.issn.1671-0274.2018.12.001

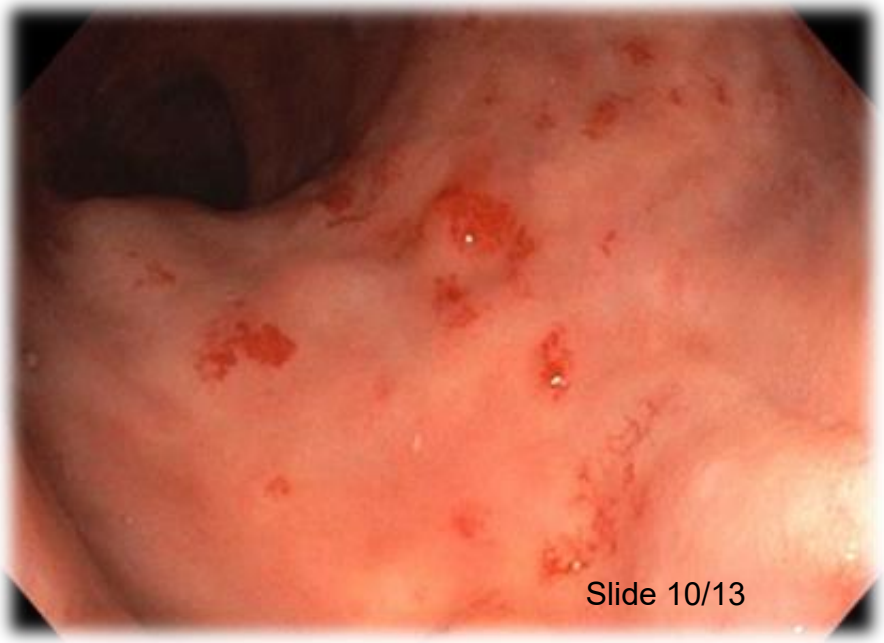
The American Society of Colon and Rectal Surgeons Clinical Practice Guidelines for the Treatment of Chronic Radiation Proctitis

Ian M. Paquette, M.D.[1] • Jon D. Vogel, M.D.[2] • Maher A. Abbas, M.D.[3]
Daniel L. Feingold, M.D.[4] • Scott R. Steele, M.D., M.B.A.[5]

2018

Radiation Therapy Oncology Group (RTOG) Rectal Toxicity Scale

Grade	Symptoms
0	None
1	Mild diarrhea, mild cramping, bowel movement five times per day, slight rectal discharge or bleeding
2	Moderate diarrhea and colic, bowel movement >5 times per day, excessive rectal mucus, and intermittent rectal bleeding
3	Obstruction or bleeding, requiring surgery
4	Necrosis/perforation, fistula
5	Death



Radiation proctitis

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2018

- Treatment
  - Medications
    - Sucralfate enema 👍🏻
    - 5-ASA enema 👍🏻
    - Steroid enema 😐
    - Topical formalin 👍🏻 👍🏻
    - Oral : Vitamin A/C/E, Imodium, Metronidazole 😐
    - Suppo : Misoprostol 👍🏻
  - Other : Hyperbaric O_2 👍🏻

Radiation proctitis

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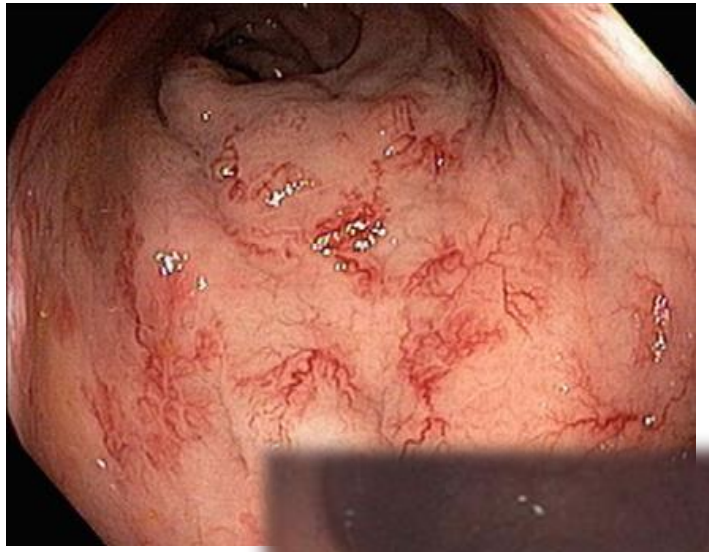
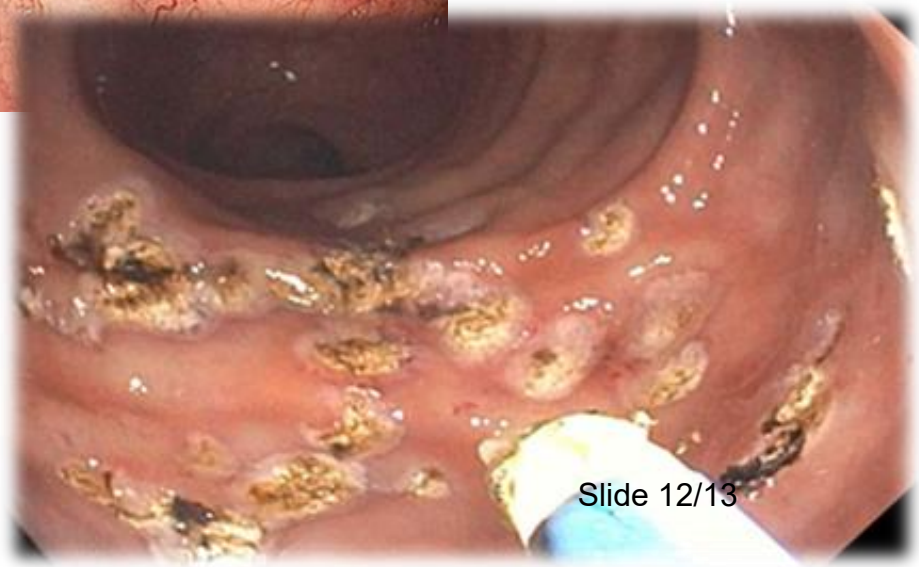
2018

- Treatment
  - Endoscopic :
    - APC success rate 80-90%
    - Nd/YAG laser, KTP laser, Argon laser
    - Radiofrequency Ablation, Cryoablation
    - Heater/Electrocautery probe
  - Surgery :
    - Fecal diversion = Ostomy (prefer T>S colon)
    - Repair and Reconstruction
    - Resection = Proctectomy, Pelvic exenteration





Obstructed anorectal cancer

- Clinical : colonic obstruction, locally advanced cancer
- Treatment :
  - Peritonitis
    - Explore lap, Hartmann, lavage and drainage
  - No peritonitis
    - Diversion ostomy + Neoadjuvants
    - Stent insertion