Perianal disease

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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
ANAL CUSHIONS

• Normal structures
• Folds of anal lining
• Arteriovenous communications
• Supporting fibromuscular network
• Upper and lower vascular plexi
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%)
Patients First
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
LIGATION/PLICATION

• 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
Patients First

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
‘Gentlemen, I am about to witness the birth of an exciting, dynamic, young company.’
Patients FIRST

ANAL ADVANCEMENT FLAP

• recurrent fissure
• low tone, sphincter injury
• postpartum
Patients First

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
- transspincteric
- suprasphincteric
- extraspincteric
  (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 Features**

- **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
Patients First

Multiple Abcesses/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
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!