

Perianal Problems in General Practice

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- Anatomy and physiology
- DRE
- Top 6 presentations
- Tips and tricks
- Cases
- Questions

Anatomy and Physiology

Rectum : 12-15cm

Anal length: 1.5 – 4cm in men

1 - 3cm in women

Puborectalis angle

Columns of Morgagni

Valves of Huston

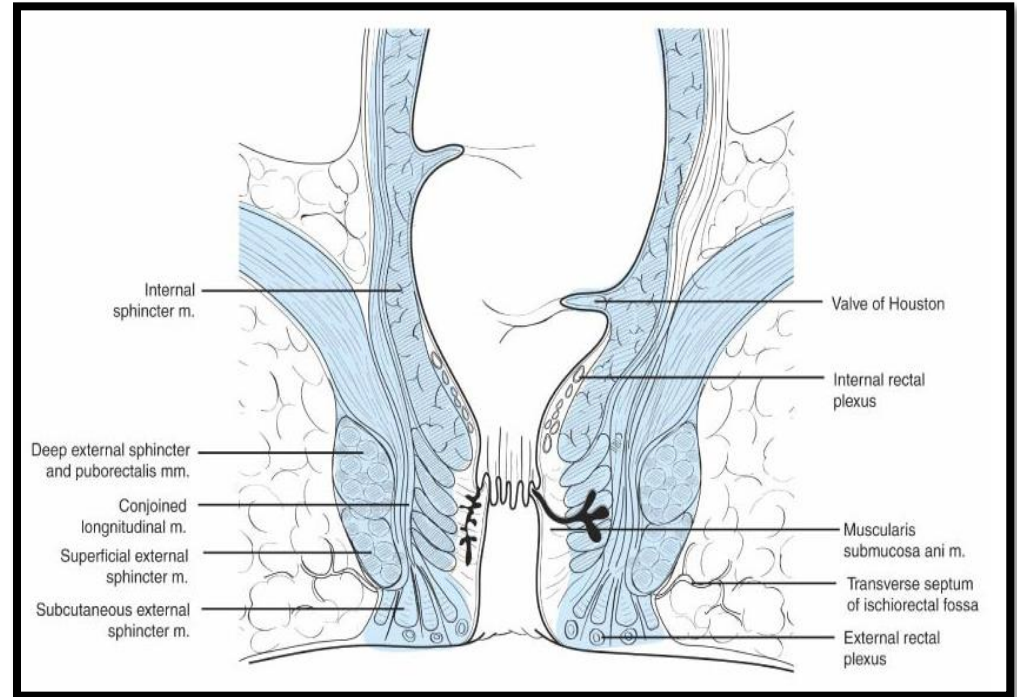
Anal crypts

Ischiorectal fossa

Waldeyer's fascia

Denonvillier's fascia

Lymphatic drainage



- Explanation
- Offer chaperone
- Document

- Perianal skin – inspect, palpate, test sensation
- Valves of Morgagni
- Haemorrhoidal plexus
- Rectum

Intimate examination

DRE Breast Testicular

Perineum/Perianal

Other _____

Chaperone? Y / N / Refused

Name:

Position:

(Ideally the chaperone should be a nurse/HCA)

Top 6 Presentations

PR bleeding

Anal pain

Pruritus ani

Fistula in ano

Incontinence

Prolapse



PR Bleeding

Look for red flags

Longer than **6 weeks**

+/- associated **change in bowel habit**

+/- **family history** of colonic polyps or colon or rectal cancer

Never had colonoscopy or normal colonoscopy was **more than 5 years ago**

Has a **personal history of adenomatous polyps** or colorectal cancer

Tenesmus/narrow stool

Weight loss

Abdominal pain

***Do a DRE

??Virtual follow up

***Even if they have obvious haemorrhoids

Refer for colonoscopy

Ideally a surgeon – proct/banding/injection if required

Fissure

Haemorrhoids

Colon cancer

Rectal cancer

Polyps

Solitary rectal ulcer

Anal Pain

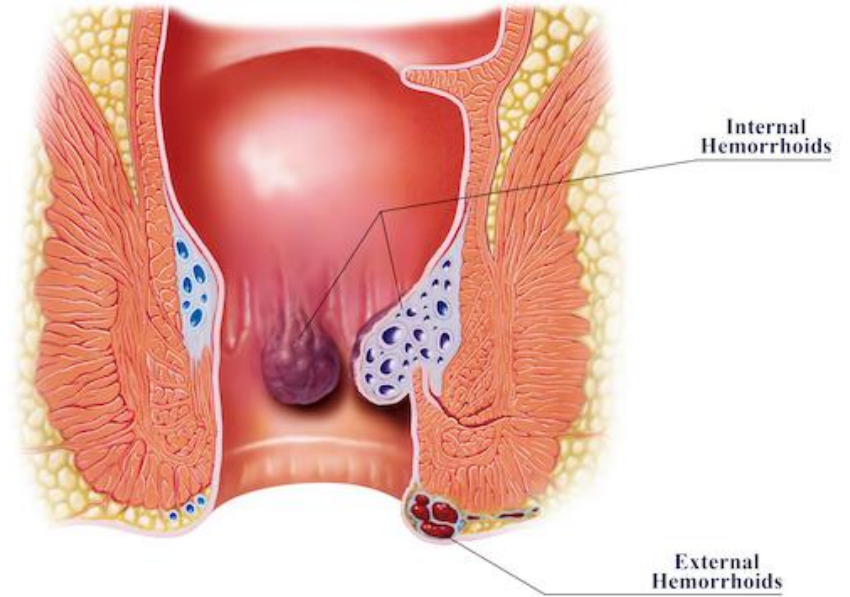
Explore what they mean by pain

Most commonly a fissure

Thrombosed haemorrhoids

Occasionally Grade IV haemorrhoids

Proctalgia fugax – diagnosis of exclusion



Pruritus Ani

Most common:

Pinworm (parents, teachers, grandparents) – empiric vermox

Haemorrhoids

Colonic stimulation – caffeine, exercise

Minor incontinence

Less common:

HPV, anal cancer, fissure, allergy, dermatitis,

lichen sclerosus



Fistula in Ano

History of an abscess can be elusive

Drainage

Draining seton x 3/12

LIFT

Mucosal advancement flap

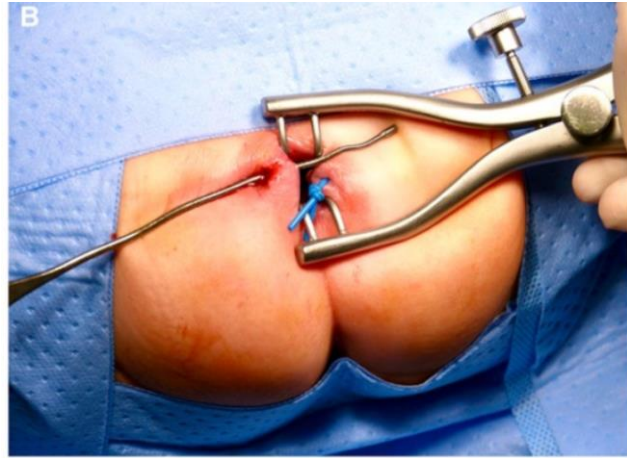
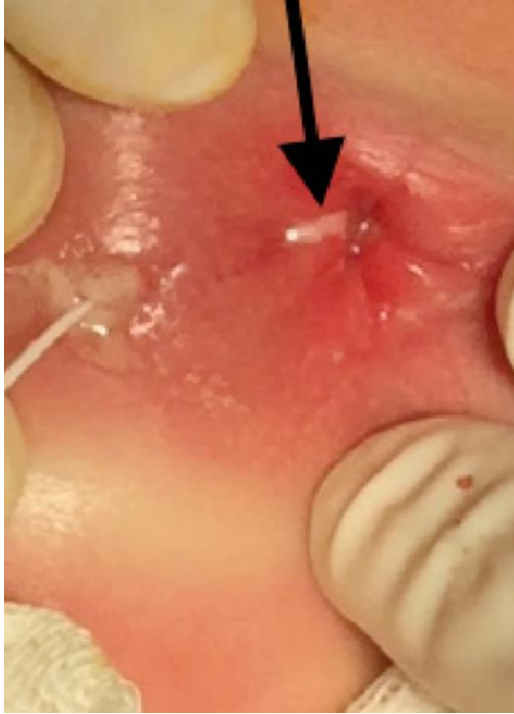
Cutting seton

Fistulotomy

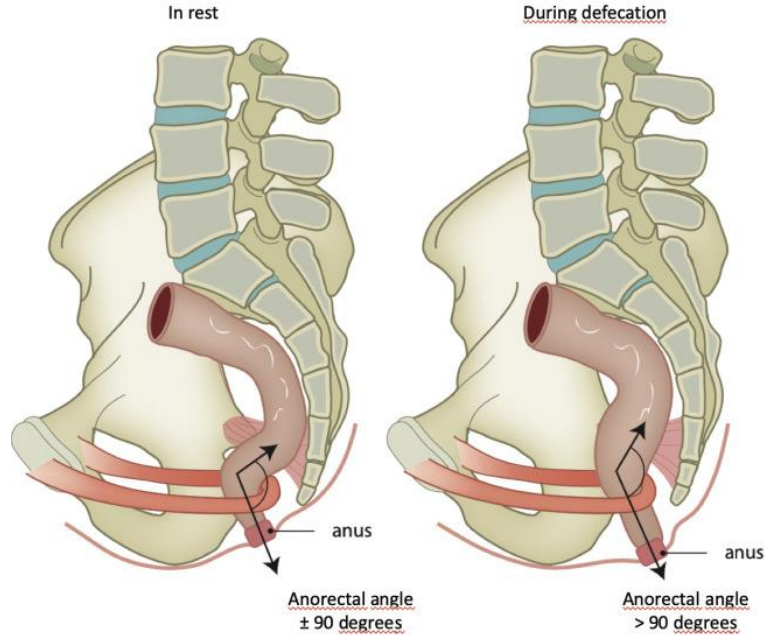
Fistula plug

VAAFT, Laser, stem cells





Incontinence



Mechanisms of continence:

1. Anal sphincter
2. Puborectalis
3. Stool consistency

History:

Obstetric

Dietary

Diabetes

Neurological conditions

Prolapse

Mucosal prolapse

Full thickness rectal prolapse

***Bring a photograph/selfie

Treatment depends on what type of prolapse and patient condition

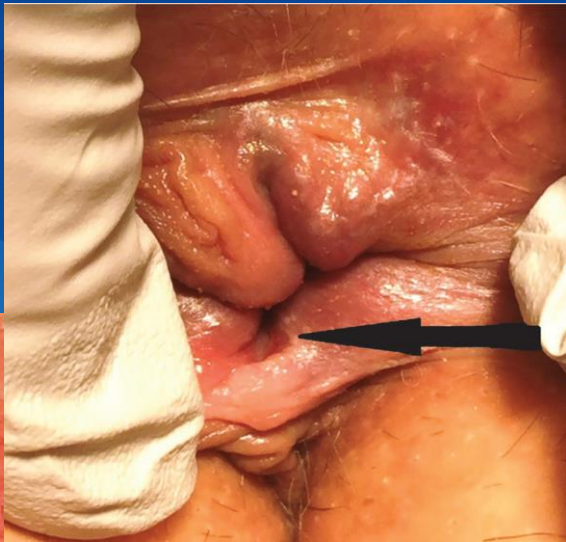
Associations:

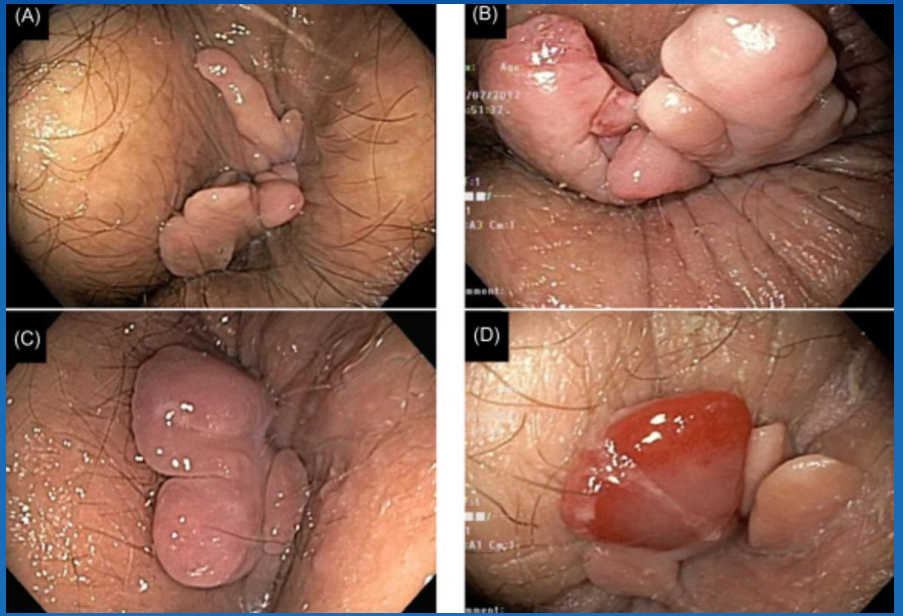
Reduced muscle mass

Straining+/-
Dementia

Incontinence and pelvic floor disorders

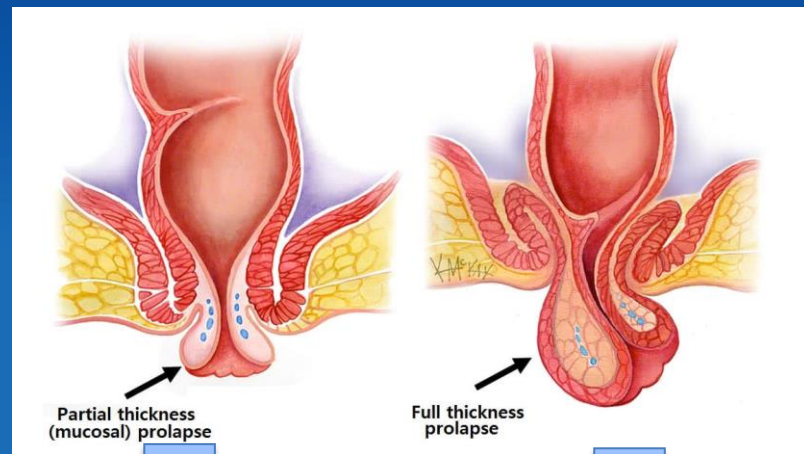
Quick cases











**Banding
Delorme**

**Abdominal
rectopexy
Altmeiers**

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Thank you