KENT COLORECTAL & LAPAROSCOPIC SURGERY

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Topics for discussion

- Pruritus Ani - Itchy Anus
- Haemorrhoids – When to refer what Novel treatments are available
- IBS– recap of red flag symptoms
- Open Questions

Pruritus Ani - Itchy Anus

- Common presentation to primary care
- Frustrating to have and deal with
- Defined as persistent itching or burning
- Categorised as primary or secondary

Primary (idiopathic) pruritus ani is thought to be functional or psychological in nature

- **Functional pruritus ani – the majority**
- **Psychological pruritus ani – rare**

Secondary pruritus ani can be caused by a number of underlying disorders,

- Skin conditions (50% of cases)
- Infections and infestations
- Colorectal and anal pathology
- Systemic disease
- Drugs
- Foods and drinks.
- Clothing

What is the prognosis?

- Unless a specific underlying cause is diagnosed and treated, pruritus ani may be a chronic condition.
- Most people respond well to conservative treatment but relapse at some point later in life

- Prevalence 1-5% of the population
- Majority will respond to conservative measures

Assessment

•**Take a detailed history to identify a secondary cause for the itch.** Ask about:

- The duration and pattern of the itch.
- The presence of 'red flags' for anorectal cancer.

- **Examine the person.**

An external examination may reveal the cause
The appearance of the skin will give an indication of the intensity and duration
Perform a digital rectal examination in adults – rule out a mass

•**If no cause for the itch is identified,** primary (idiopathic) pruritus ani is likely.
•**Investigations are usually not needed in primary care** unless an underlying condition is suspected.

Management

•Manage any underlying cause, where possible.
•Advise on self-care measures, including:
•Ensure stools are formed and regular, to reduce perianal leakage.
•Manage any symptoms.

- Skin is excoriation
- Skin is inflammation
- Nocturnal itching

Advise that in most people with pruritus ani, symptoms will resolve with self-care measures and symptomatic treatment.

Haemorrhoids

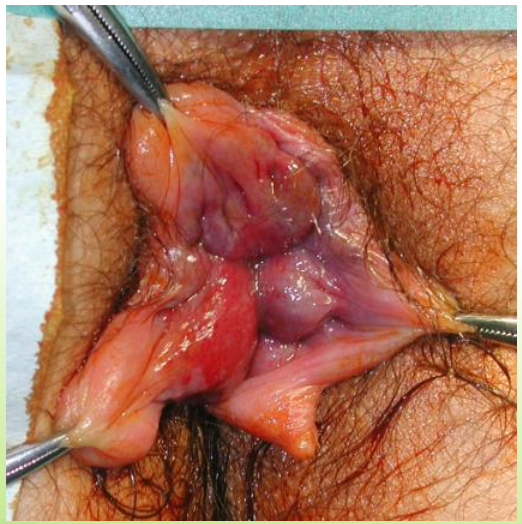
NO STANDARD THERAPY

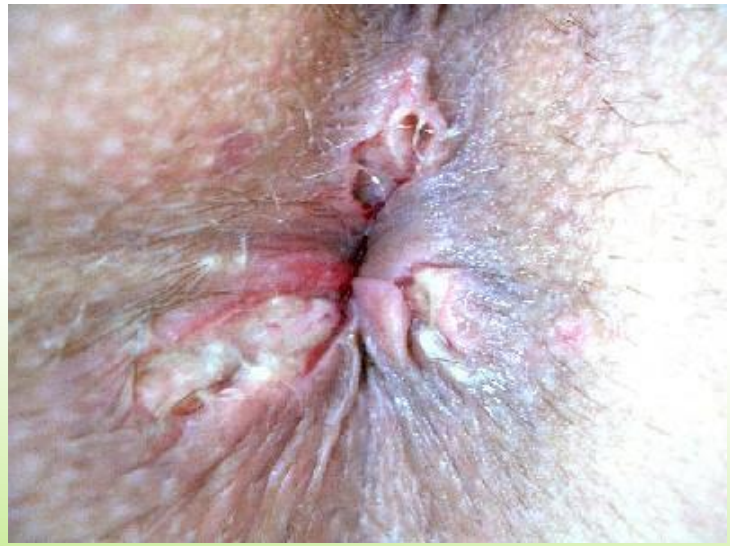
- Conventional Haemorrhoidectomy
- Transanal Haemorrhoidal Dearterialisation (THD or HALO)
- Stapled Haemorrhoidopexy or PPH
- Raffaelo Procedure

Conventional Haemorrhoidectomy

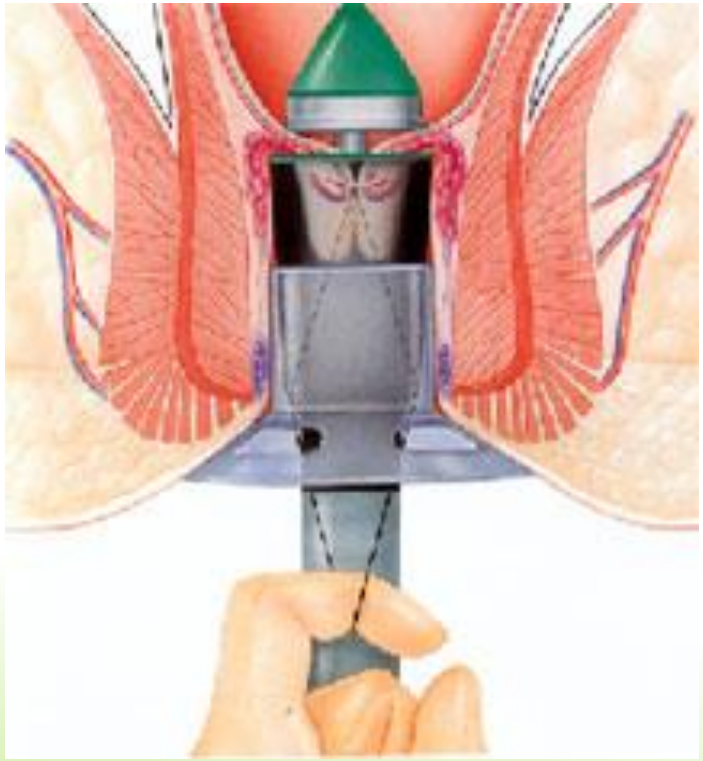
First described in 1937 by Milligan and Morgan
Still the most widely used surgical procedure

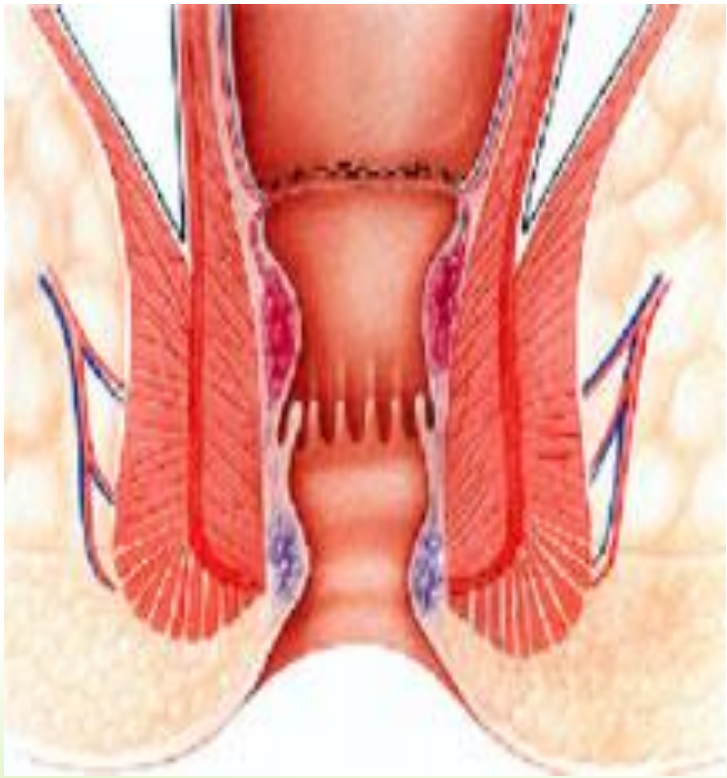
It involves the excision and ligation of the “pile”, with or without closure of the ensuing defect



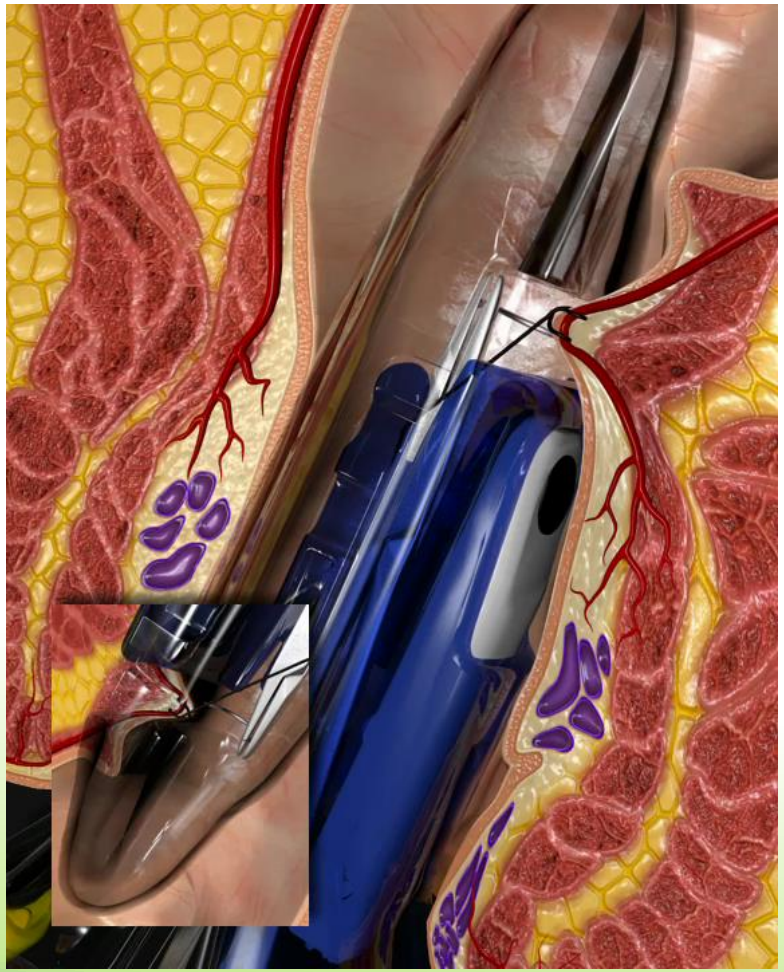


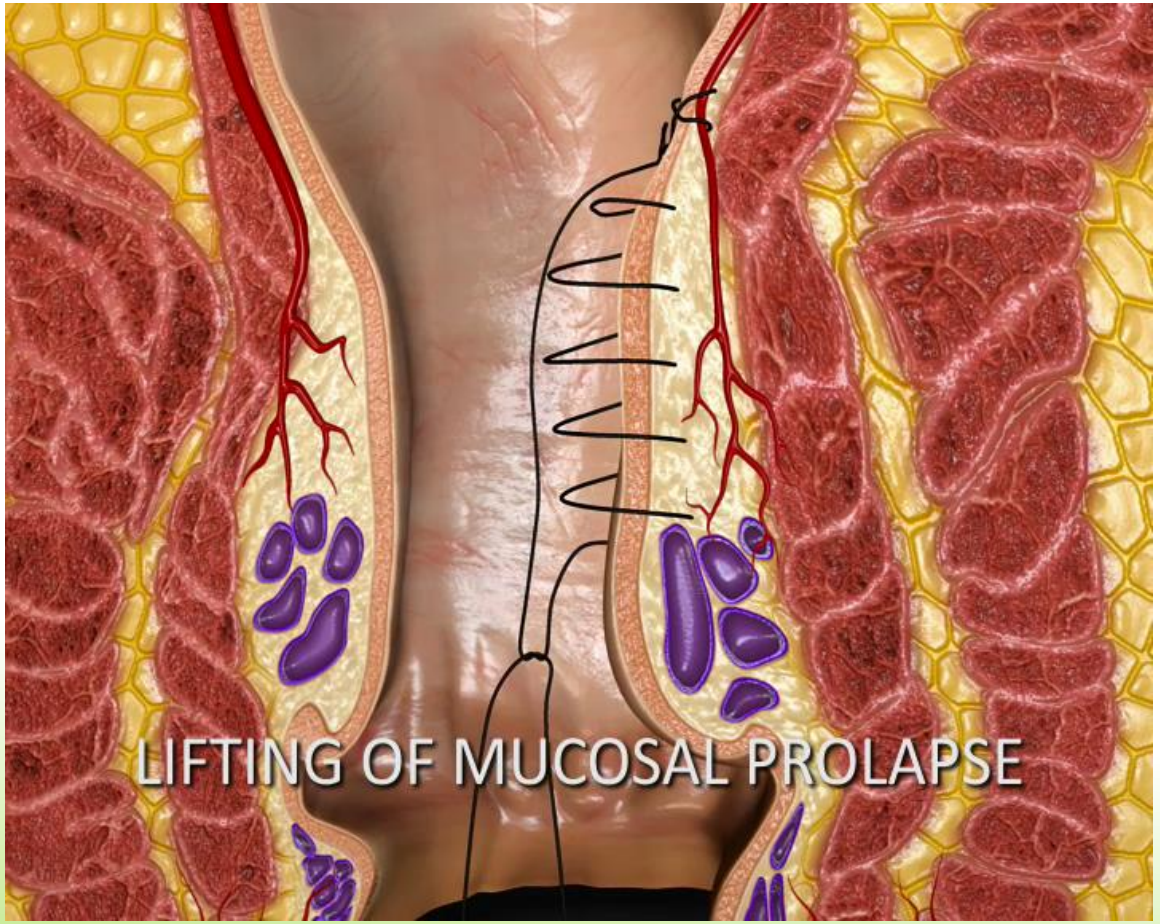
Stapled Haemorrhoidopexy

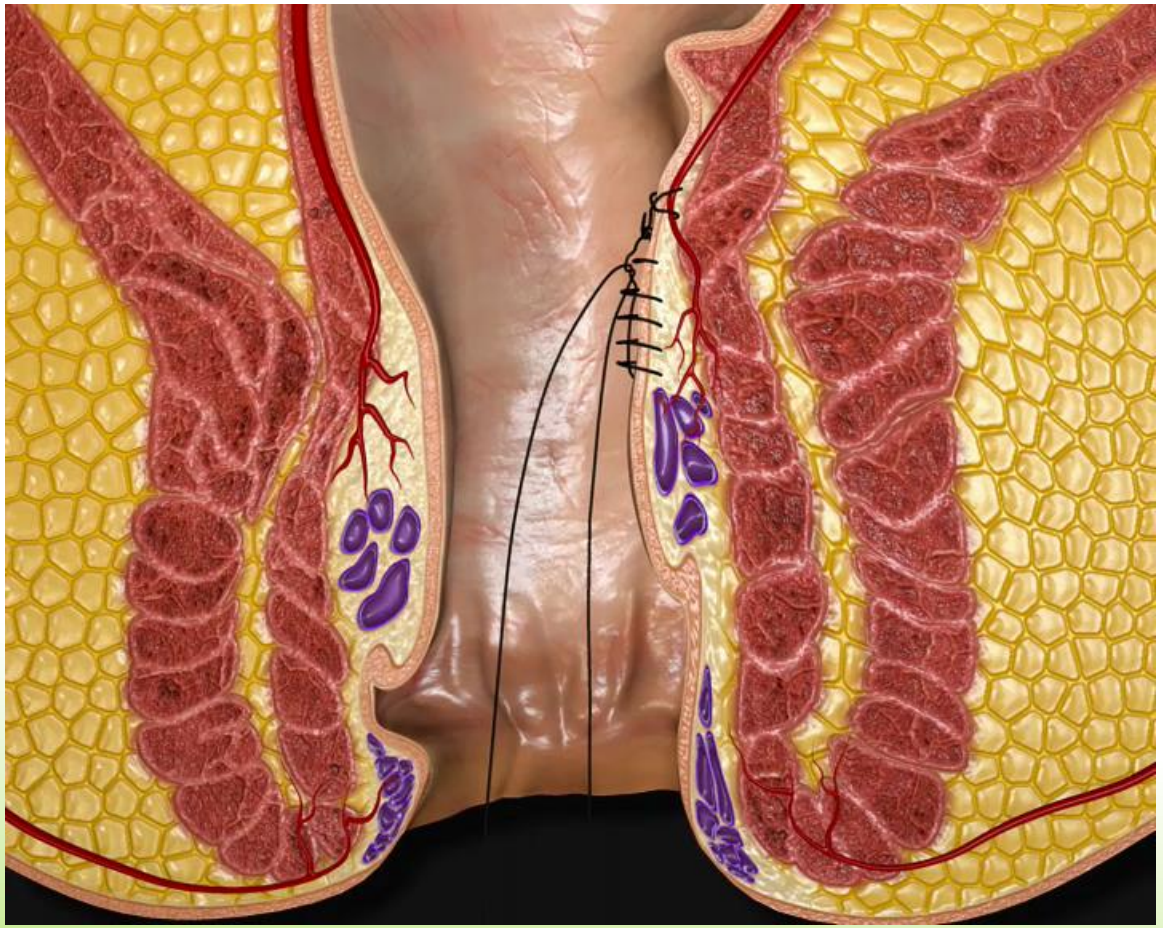




THD procedure




LIFTING OF MUCOSAL PROLAPSE



- Easy to perform
- Safe
- Less post-operative pain
- Day case procedure

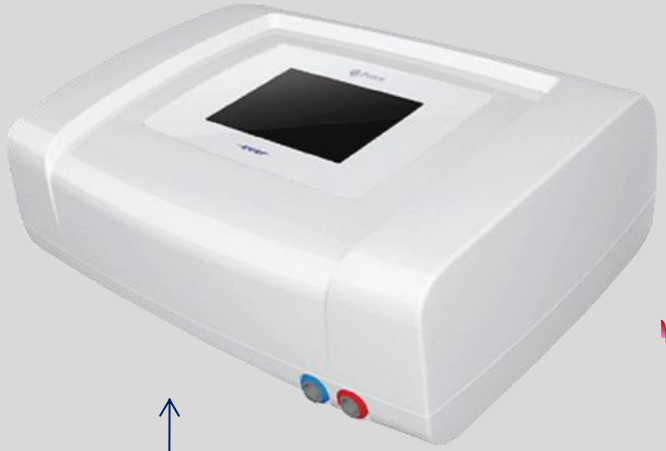
Introducing a new treatment for Internal Haemorrhoids

Radio frequency treatment of haemorrhoids under local anaesthetic

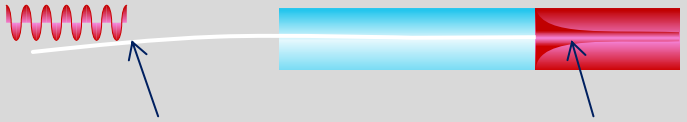
The Rafaelo® Procedure is a safe and effective treatment
for internal haemorrhoids using well established radio frequency technology,
allowing patients to walk in and walk out,
with minimal post operative pain, if any at all,
and immediately return to normal daily activities.
Its effect is to reduce the size of the
haemorrhoid and eliminate the symptoms.

The Rafaelo Procedure

RF signal generation



The Rafaelo Device



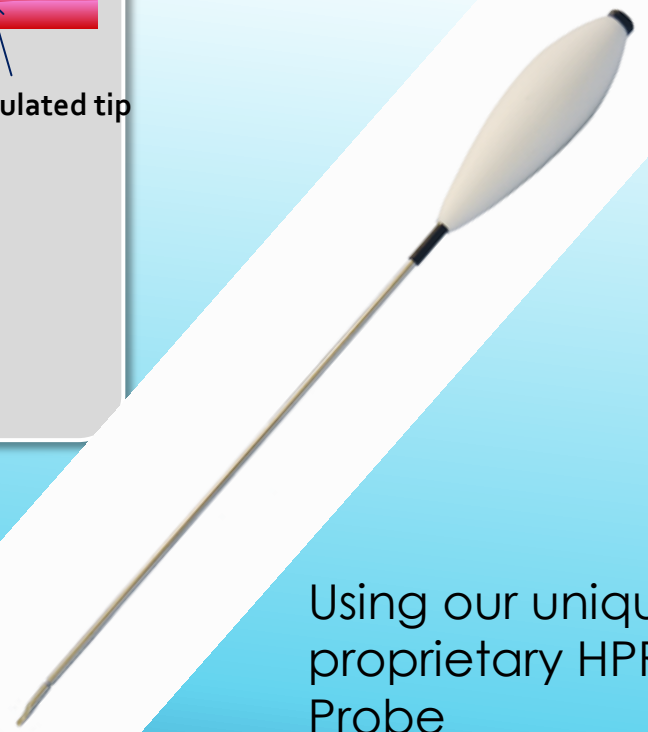
Disposable catheter or needle

Non-insulated tip

4-steps process:

1. Ionic agitation
2. Vaporization and dehydration of the tissue
3. Thermal destruction
4. Dehydration of the tissue and coagulation

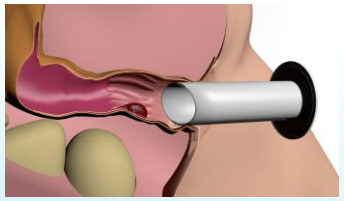
RF coagulation is a minimally invasive and efficient technique. The effect is extremely local, causing minimal damage to the surrounding tissue.



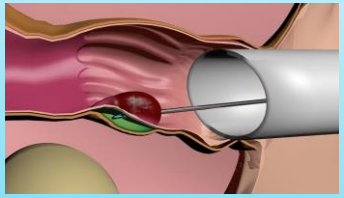
Using our unique proprietary HPR45i Probe

The Rafaelo Procedure

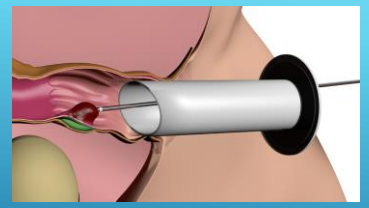
Step 1: Insert an anoscope to identify the haemorrhoids requiring treatment



Step 2: Administer 3-6 ml of anaesthesia (1% Lidocaine) between the muscle layer and the base of the haemorrhoid, creating a barrier to protect the muscle

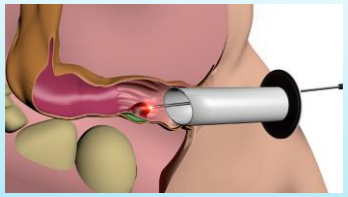


Step 3: Insert the tip of the HPR45i probe 5-10mm into the haemorrhoid lifting it away from the muscle layer so as to minimise the impact of the heat on the connecting tissue.



The Rafaelo Procedure

Step 4: Apply the Radio Frequency energy (25 Watts) by pressing the foot pedal.
Stop giving energy when a discoloration appears, indicating coagulation.
You will also feel the haemorrhoid contract around the probe.
The target energy should be between 1500 and 3000 joules.



Step 5: Withdraw the tip of the probe from the haemorrhoid and place it against the surface of the haemorrhoid and apply energy in several places.
Ensure that the tissue whitens, indicating coagulation.

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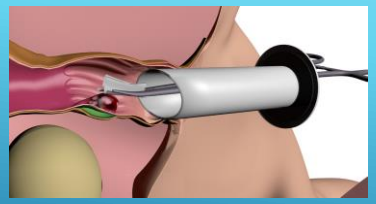
Step 6: Withdraw the probe and apply cooled Saline to the surface of the haemorrhoid to halt the heating process using surgical gauze.



The Rafaelo Procedure

The Advantages over existing methods

- 15 Minute walk in walk out procedure
- Local anaesthesia / Sedation
- Minimal postoperative pain and care
- Can be used to treat all grades of internal haemorrhoids
- Immediate return to daily activities

What patients say:

“I have been suffering from Haemorrhoids for almost 20 years and I couldn’t bear it any longer. I booked in for a HALO procedure but I was very nervous as I really didn’t want surgery. As my treatment date approached, I read about The Rafaelo Procedure. It sounded too good to be true but I simply had to find out more about it. I went to see a colorectal surgeon, Mr Nick West, at Spire St. Anthony’s – he recommended The Rafaelo Procedure and I trusted him. I cancelled the HALO and I haven’t looked back – it was a few months ago now but I can remember that there was no pain during or after the procedure and now I am fully cured. I am over the moon!”

What patients say:

“I am 72 years of age and have suffered from haemorrhoids on and off for the past 25 years. I have tried banding on numerous occasions but whilst it seemed to work at the time, it was only temporary and the problems of bleeding and itching returned each time. I had a consultation with Mr Nick West at Spire St. Anthony’s in March 2016 who mentioned that he was due to start offering The Rafaelo Procedure and I jumped at the opportunity. I wouldn’t say it was pain free but it was completely tolerable with very little, if any, discomfort afterwards. Since then I have had no symptoms whatsoever, I am utterly delighted and wouldn’t hesitate to recommend the Rafaelo Procedure to others.”

What patients say:

“I was suffering from Haemorrhoids following my pregnancy and at the beginning of 2016 I went to see Mr Nick West at Spire St. Anthony’s Hospital. He offered me various treatment options including the new Rafaelo Procedure, which I decided to go for as it didn’t involve surgery and I was due to go on holiday shortly afterwards. I had to ask him following the procedure if he had actually done anything as I couldn’t feel a thing. I went away and everything was fine, no itching, no bleeding and no pain. I haven’t suffered any symptoms since and I am delighted.”

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Irritable bowel syndrome guidelines 2013 NICE

Last revised in February 2013

•Consider IBS if the following symptoms are present for at least 6 months:

- **A**bdominal pain or discomfort, *or*
- **B**loating, *or*
- **C**hange in bowel habit.

•Diagnose IBS:

- Relieved by defecation, *or*
- Associated with altered bowel frequency (increased or decreased) or altered stool form (hard, lumpy, loose, or watery).

And the person has at least two of the following symptoms:

- Altered stool passage (straining, urgency, or incomplete evacuation).
- Abdominal bloating (more common in women than men), distension, tension, or hardness.
- Symptoms made worse by eating.
- Passage of mucus.

- Consider other chronic pain conditions and functional disorders as well as depression
- Lethargy
- Nausea
- Backache
- Headache
- bladder symptoms (such as nocturia, urgency, and incomplete emptying)
- dyspareunia, or faecal incontinence (this information will often not be volunteered).
- **There is no investigation to confirm a diagnosis of IBS.**

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- **Underlying malignancy or inflammatory bowel disease.**
  - **Red flag indicators in people with features of irritable bowel syndrome are:**
    - Unintentional and unexplained weight loss.
    - Rectal bleeding.
    - A change in bowel habit to looser or more frequent stools, persisting for more than 6 weeks, in a person over 60 years of age.
    - Abdominal mass.
    - Rectal mass.
    - Anaemia.
    - A family history of bowel or ovarian cancer.
    - Inflammatory markers for inflammatory bowel disease.
  - If any red flag indicators are present, refer to secondary care for further investigation.

- **Other causes of constipation such as:**
  - Functional constipation.
  - Drug-induced constipation.
- **Other causes of diarrhoea such as:**
  - Coeliac disease.
  - Inflammatory bowel disease (Crohn's disease or ulcerative colitis).
  - Gastrointestinal infection.
  - Laxative abuse.
  - Antibiotic-associated diarrhoea (for example *Clostridium difficile* colitis).
- **Other causes of abdominal pain or discomfort such as:**
  - Diverticular disease.
  - Chronic pancreatitis.
  - Gallstones.
  - Peptic ulcer disease.
  - Gastro-oesophageal reflux disease.
- **Other causes of multiple chronic symptoms such as:**
  - Premenstrual syndrome and endometriosis.
  - Anxiety and depression.