GP Educational Meeting
5th July 2017

**Rectal Bleeding & Management of Haemorrhoids**

Mr Dave Smith
Consultant Colorectal Surgeon
» Haemorrhoids - Greek derivation “likely to discharge blood”

» Significant workload of colorectal surgeon

» Very common
  - ~5% population
  - ~145/1000 - bleeding = huge referral volume

Proctology

Looking after you.
» 3 main cushions

» Supported by smooth muscle

» Breakdown of connective tissue

» Age, stool consistency

» Prolapse impairs venous return
  - dilated plexus
  - epithelial erosion
### Likelihood of Colorectal Cancer

<table>
<thead>
<tr>
<th></th>
<th>+ve Predictive Value (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleeding</td>
<td>2.5</td>
</tr>
<tr>
<td>Bleeding &amp; CIBH</td>
<td>12.1</td>
</tr>
<tr>
<td>Bleeding without perianal symptoms</td>
<td>12.5</td>
</tr>
<tr>
<td>Bleeding with CIBH but no perianal symptoms</td>
<td>19.7</td>
</tr>
</tbody>
</table>

**Thompson et al. Predictive value of common symptom combinations**
1150 patients (% diagnoses)

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>&gt;45yrs</th>
<th>&lt;45yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>20.7</td>
<td>44.6</td>
</tr>
<tr>
<td>Haemorrhoids</td>
<td>29.1</td>
<td>36.8</td>
</tr>
<tr>
<td>Diverticular disease</td>
<td>21.1</td>
<td>3.7</td>
</tr>
<tr>
<td>Colitis</td>
<td>4.7</td>
<td>2.5</td>
</tr>
<tr>
<td>Polyps</td>
<td>16.6</td>
<td>7.9</td>
</tr>
<tr>
<td>Carcinoma</td>
<td>3.5</td>
<td>0</td>
</tr>
</tbody>
</table>
Grading of Haemorrhoids/Piles

<table>
<thead>
<tr>
<th>Stage I</th>
<th>Stage II</th>
<th>Stage III</th>
<th>Stage IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>No protrusion of haemorrhoids, yet.</td>
<td>Protruding haemorrhoids that spontaneously reduce!</td>
<td>Protruding haemorrhoids, possible to push back in manually!</td>
<td>Protruding haemorrhoids that can’t be pushed back in manually anymore!</td>
</tr>
</tbody>
</table>
Treatment

» Minor symptoms: self-limiting, minimal inconvenience
  – avoid straining
  – laxatives
  – dietary fibre

» 50% reduction in bleeding

» Creams & suppositories

» Little supporting evidence
Rubber Band Ligation

» Base of anal cushion

Treatments

» Too low - pain (remove)
  - pain - few days
  - bleeding - common
  - sepsis - rare
» 70% success - short term

Treatment - RBL

» >1 treatment

» Symptom relief - bleeding

» Success decreases with time
HALO (Haemorrhoidal Artery Ligation Operation +/- Anopexy)

**Treatment**

» Doppler guided interruption of haemorrhoids plexus

» Ligation above dentate line

» Anopexy - fixation of prolapse
» Attempt to restore normal anatomy

» Reduction in post-operative pain...

Treatment - HALO

» 75-95% improvement in symptoms
  – urgency
  – discomfort
  – review 6-8/52
**Stapled Haemorrhoidectomy**

» ~20yrs (Longo 1998)

» Circular stapler - cuff excision

» Purse string above dentate line

» Replacement of displaced haemorrhoidal tissue

» Urgency

» Review 6-8/52
Haemorrhoidectomy

» Effective for large haemorrhoids (failure of other techniques)

» Painful

» Properly performed = good results

– 2/3 satisfied @ 5 yrs

– Continence issues

Looking after you.
» 66M

» Routine referral - intermittent bleeding
  – fresh **Case Scenario**
  – painless

» Slight alteration in bowel habit - since resolved

» No abdominal symptoms
Case Scenario

» Negative abdominal examination

» Small haemorrhoids on proctoscopy

**Case Scenario**

» Bleeding likely haemorrhoidal

» Booked for colonoscopy +/- RBL
Case Scenario

» Caecal carcinoma

» T3N0M0

» Laparoscopic right hemicolecction

» RBL 6/12 after surgery
» Common

» Exclude more serious conditions

**Learning Points**

» Investigations guided by symptoms, duration & age

» Minor symptoms may settle with diet & fluid intake
» Therapy determined by symptoms, not appearance

» RBL for 1st & 2nd degree haemorrhoids

» Modern management methods
  – larger haemorrhoids
  – more effective
  – quicker recovery

» Treat symptomatically, avoid over treating.
Thank you