

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

Proctology

» Very common

– ~5% population

– ~145/1000 - bleeding = huge referral volume

» 3 main cushions

» Supported by smooth muscle

» Breakdown of connective tissue

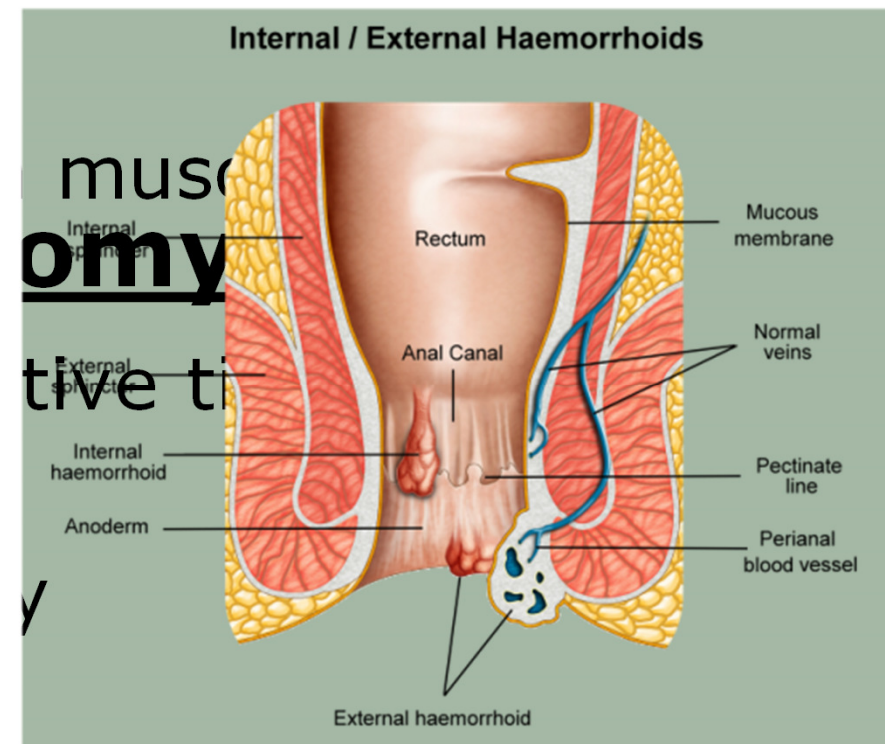
» Age, stool consistency

» Prolapse impairs venous return

» – dilated plexus

» epithelial erosion

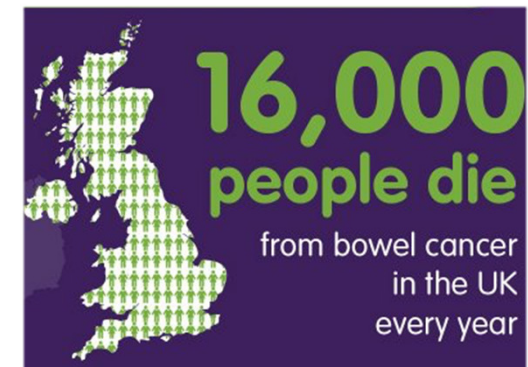
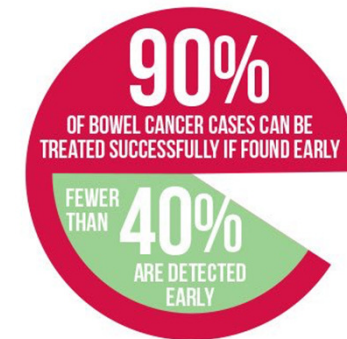
Anatomy



+ve predictive value (%)

Bleeding	2.5
Bleeding & CIBH	12.1
Bleeding without perianal symptoms	12.5
Bleeding with CIBH but no perianal symptoms	19.7

of Colorectal Cancer



Spire Healthcare

Thompson et al. Predictive value of common symptom combinations

Looking after you.

1150 patients (% diagnoses)

	>45yrs	<45ys
Normal	20.7	44.6
Haemorrhoids	29.1	36.8
Diverticular disease	21.1	3.7
Colitis	4.7	2.5
Polyps	16.6	7.9
Carcinoma	3.5	0

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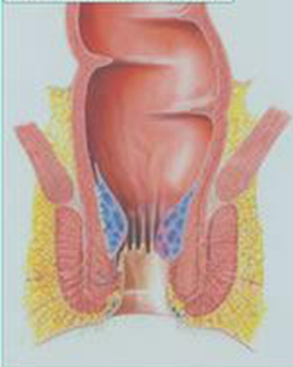
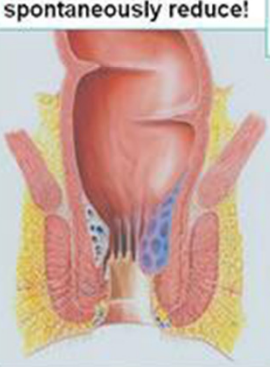

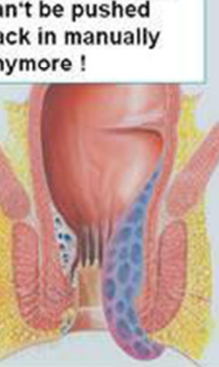


Spire Healthcare

Mathew et al. Audit on flexible sigmoidoscopy for rectal bleeding in a district general

Looking after you.

Grading of Haemorrhoids/Piles

Stage I	Stage II	Stage III	Stage IV
No protrusion of haemorrhoids, yet.	Protruding haemorrhoids that spontaneously reduce!	Protruding haemorrhoids, possible to push back in manually!	Protruding haemorrhoids that can't be pushed back in manually anymore !
			

Treatment

- » Minor symptoms: self-limiting, minimal inconvenience
 - avoid straining
 - laxatives
 - dietary fibre
- » 50% reduction in bleeding
- » Creams & suppositories



Spire Healthcare

» Little supporting evidence

Looking after you.

Rubber Band Ligation

- » Base of anal cushion
- Treatm**
- » Too low - pain (remove)
 - pain - few days
 - bleeding - common
 - sepsis - rare





» 70% success - short term

» **Treatment - RBL**

» Symptom relief - bleeding

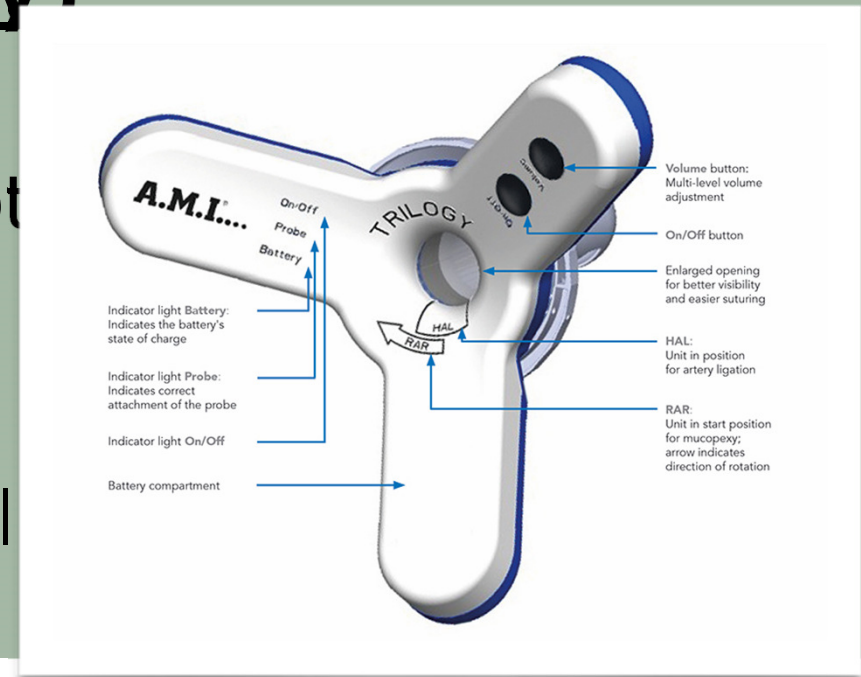
» Success decreases with time

HALO (Haemorrhoidal Artery Ligation Operation +/- Anopexy)

Treatment

» Doppler guided interrupted
haemorrhoids plexus

» Ligation above dentate l



» 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 haemorrhoids
- » Urgency
- » Review 6-8/52

Treatn



Haemorrhoidectomy

»Effective for large haemorrhoids (fa
other
techniques)

Treatment

»Painful

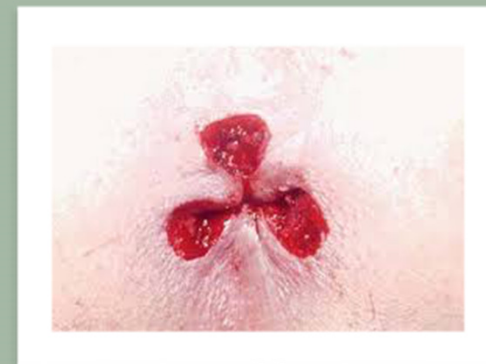
»Properly performed = good results



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-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

- » Negative abdominal examination
 - » Small haemorrhoids on proctoscopy
- Case Scenario**
- » Bleeding likely haemorrhoidal
 - » Booked for colonoscopy +/- RBL

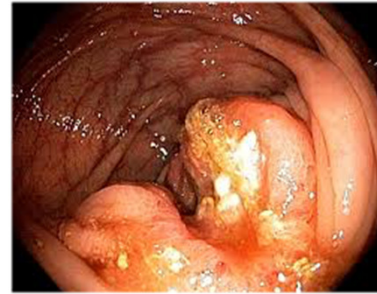
» Caecal carcinoma

» T3N0M0

Case Study

» Laparoscopic right hemicolectomy

» 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



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» Treat symptomatically, avoid over treating

Looking after you.

Thank you