Surgery–Anorectal Diseases

Hx and Ex of "Anorectal Diseases"

A. Overview:

- **The anus is the junction of the gut with the skin.**
- **Above the mucocutaneous junction is the rectum, which:**
  - ✓ Has autonomic sensation and is sensitive only to stretching,
  - ✓ Receives its arterial blood supply from the mesenteric vessels,
  - ✓ Drains venous blood into the portal circulation,
  - ✓ Drains lymph into the mesocolic lymph glands.
- **Below the mucocutaneous junction is skin, which:**
  - ✓ Has somatic sensation and is as sensitive as skin elsewhere
  - ✓ Receives its arterial blood supply from the iliac vessels
  - ✓ drains venous blood into the iliac veins,
  - ✓ drains lymph into the inguinal lymph glands.

B. Differential diagnosis:

DDx	What support this diagnosis?
Haemorrhoids	**Age** Piles occur at all ages but are uncommon below the age of 20 years. They are extremely rare in children. **Symptoms** Uncomplicated piles do not cause pain. The two common symptoms are bleeding and a palpable lump or a sensation of prolapse after defaecation. They may also cause peri-anal discomfort and a mucous discharge which leads to pruritus.
Carcinoma of the rectum	**Age** Rectal carcinoma is common in middle and old age but can occur in young adults. **Symptoms**:1- small amount of dark-red blood streaked on the stool. 2-alternating episodes of diarrhoea and constipation. 3- Tenesmus occurs when a tumour in the lower part of the rectum reaches a size large 4- Weight loss
Anorectal abscess	**Age** :20 and 50 years old, but occurs at all ages and, rarely, in children. **Sex** It is seen more often in men than in women. **Symptoms** The main symptom is a severe, **throbbing pain** which makes sitting, moving and defaecation difficult . The patient may have felt a tender swelling close to the anus.

Physical Examination

A. Start the examination with:

Position of the patient:

Ensure adequate privacy and uncover the patient from the waist to the middle of the thighs.

The patient should lie in the left lateral position with the neck and shoulders rounded so that the chin rests on the chest, hips flexed to 90° or more, but knees flexed to slightly less than 90°. If the knees are flexed more than 90°, the patient's ankles will get in your way. If the patient is lying on a soft bed, ask them to move towards you so that their buttocks are up to the edge of the bed. This makes inspection easier and tips the abdominal contents forwards, which helps the bimanual examination. You should never omit the rectal examination from your routine examination.

Equipment:

You need a plastic glove, some inert lubricating jelly and a good light.

Tell the patient what you are going to do. Explain that you are going to examine the 'back passage' and the inside of the abdomen. Say that it will be uncomfortable but not painful, and ask the patient to relax by breathing deeply and letting their knees go loose.

A. Inspection:

Lift up the uppermost buttock with your left hand so that you can see the anus, peri-anal skin and perineum clearly. Look for:

- skin rashes and excoriation,
- faecal soiling, blood or mucus,
- scarring, or the opening of a fistula,
- lumps and bumps (e.g. polyps, papillomata,condylomata, a peri-anal haematoma, prolapsed piles, or even a carcinoma),
- ulcers, especially fissures.

B. Palpitation:

Before carrying out a digital examination, particularly if there is a history of pain on defaecation, place your fingers on either side of the anus and gently stretch the anal orifice. This is to see if there is any spasm associated with a fissure, which may be visible. If there is spasm or a fissure, in no circumstances carry out any instrumentation as this could cause severe pain.

Place the pulp of your gloved right index finger on the centre of the anus, with the finger parallel to the skin of the perineum and in the mid-line. Then press gently into the anal canal, but at the same time press backwards against the skin of the posterior wall of the anal canal and the underlying sling of the puborectalis muscle. This overcomes most of the tone in the anal sphincter and allows the finger to patient, abandon the procedure. A general anaesthetic may be needed for adequate assessment.