

Screening for colon cancer is not part of the standard proctologic exam, which involves examination of the lower 3 inches of the intestinal tract only. The standard recommendation for colorectal screening for asymptomatic patients is colonoscopy starting at age 45 for black people and at age 50 for all others. This is routinely performed by gastroenterologists and should be repeated every five years, or more often if symptoms or findings require.

Proctologic aids available in the pharmacy (In all cases the “store brand” is OK):

Cathartics-milk of magnesia, Miralax, Dulcolax pills and suppositories

Stool Softeners: Colace

Hemorrhoidal creams (with and without hydrocortisone)

Desitin paste (Zinc oxide paste)

Antifungal creams Tinactin, Lotrimin

Tucks pads Soothing wipes

Enemas: Fleet’s and oil retention

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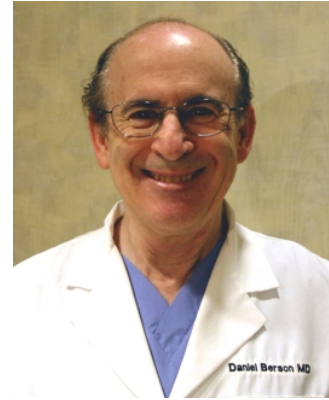
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Proctology Notes

Anorectal diseases are common afflictions which are often painful, but rarely life-threatening. Many people avoid seeking help due to embarrassment, and the fear of treatment. The purpose of this pamphlet is to provide answers to common questions which I am asked. I invite you to contact me if you have any questions.

Daniel Berson, MD, FACS

A healthy, natural diet. The single most important aspect of anal health is having a high fiber diet. This can be accomplished by having several servings of high fiber cereal, high fiber bread, and vegetables and fruit each day. In addition supplement with products such as Metamucil, Citrucel, and flax seed are helpful. Adequate fluid intake is also important. The goal is to have a bulky, soft bowel movement.

Hemorrhoids are the veins of the anus. **Internal hemorrhoids** can become distended due to pregnancy, obesity, and other factors. These engorged internal hemorrhoids often bleed and prolapse (protrude). Symptomatic internal hemorrhoids are treated by ligating (tying) the hemorrhoid above the level of sensation with a suction ligation device, which places a rubber band around the hemorrhoid, stopping the blood flow. There are three internal hemorrhoidal groups which are ligated, one at a time, in three office visits spread out at weekly intervals. After treatment some patients have discomfort requiring Tylenol or Advil for a day or so. Constipation should be avoided after treatment. Problems such as bleeding are rare, and patient satisfaction is well over 95%.

External hemorrhoids are skin-covered veins outside the anus. They often cause itching and may clot, or thrombose, causing pain. Removal in the office is done simply with local anesthesia.

Anal fissure is an ulceration of the anal canal. This causes painful bowel movements, often with blood on the stool or just after the bowel movement. The cause is increased tightness of the anal sphincter, or round muscle. Treatment can be done with steroid ointment in mild cases. In cases that do not respond, medical treatment consists of applying a dilute nitroglycerin ointment twice a day. The downside of nitroglycerin ointment treatment is the risk of headache,

and the need for several weeks of treatment before healing. Surgical treatment consists of anal dilation, which is performed under anesthesia as hospital outpatient. This has the advantage of immediate relief in most cases, with the very rare risk of incontinence of flatus or stool.

Anorectal abscess is a collection of pus next to the anus. This is a painful condition which requires urgent drainage, which can usually be accomplished in the office under local anesthesia. Anal fistula may occur after anorectal abscess, being noted months or years later.

Anal fistula is a connection between the inside of the anus or rectum and the skin next to the anus. It is most commonly caused by an episode of anorectal abscess, but may rarely be associated with trauma or Crohn's disease. Treatment consists of removal of the fistulous tract under anesthesia as a hospital outpatient. The incision is left open and heals spontaneously in a few weeks in most cases.

Anal or rectal prolapse (procidentia) is the intermittent or continuous protrusion of the anus and lower rectum. Multiple invasive procedures have been performed for this condition, but in my experience transanal resection, which requires no abdominal incision, and can be performed as an outpatient, is the best procedure, with the main problem being a 25% chance of recurrence of the condition.

Pruritus ani is a distressing condition consisting of irritated skin surrounding the anus which itches and occasionally bleeds. This is rarely associated with a fungal infection. Patients often wash the area several times a day, which makes the problem worse. Treatment consists of an antifungal cream when indicated, and gentle drying of the perianal skin with a warm hairdryer to eliminate the moist skin condition.

Proctalgia fugax is a painful condition consisting of anal sphincter (round muscle) and pelvic floor spasm without bleeding or ulceration. Treatment with muscle relaxants is often effective.

Anal warts, or condylomata, are growths caused by human papilloma virus (HPV). Biopsy is performed in the office to confirm the diagnosis. Treatment consists of acid cauterization in the office. Control of the condition can be obtained in this manner, but complete cure is unlikely.

Anal carcinoma, or anal cancer, is a rare condition usually preceded by HPV infection and anal warts. Treatment in most cases consists of biopsy followed by radiation and chemotherapy.

Crohn's disease is an inflammatory bowel disease which usually involves the small or large bowel, but may also involve the anus, causing non-healing ulcers and fistulas. Conservative surgical treatment can often relieve anorectal symptoms of this difficult condition.