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Per rectal bleeding



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GI bleeding is it normal?



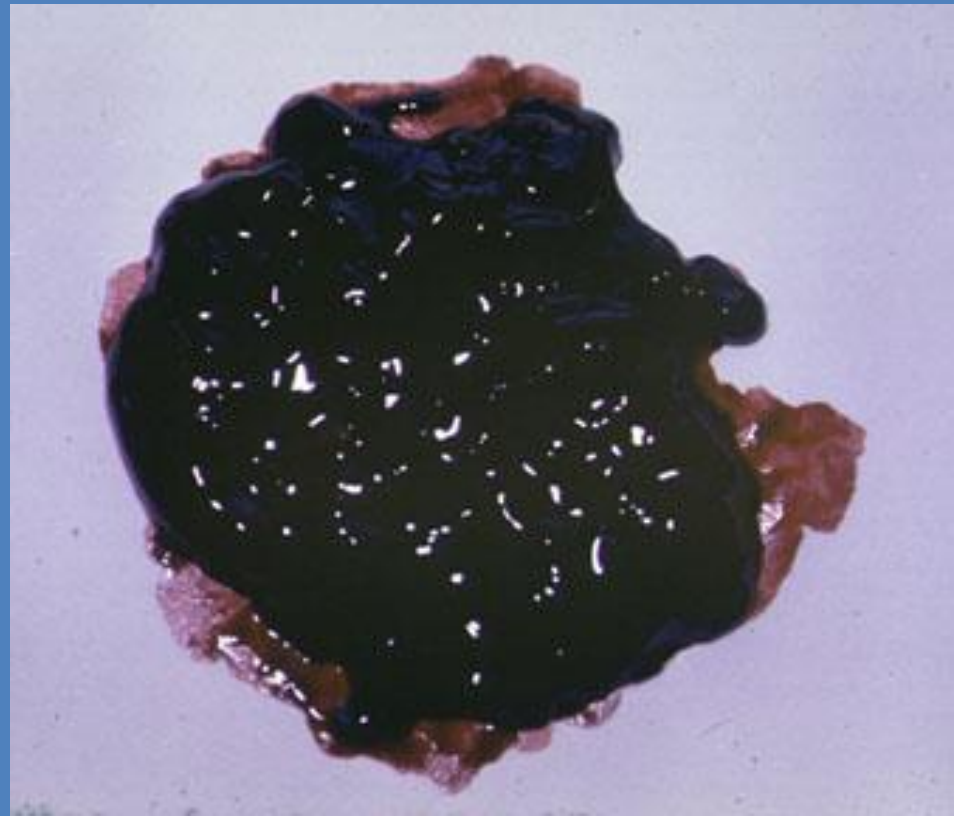
- Normal up to 10-15 ml/day.
 - 15- 50 ml- occult bleeding.
 - >50 ml- macroscopic bleeding.
-
- Haematochezia.
 - Melena.

Haematochezia



- Bright red in colour.
- May be dark red or maroon colour.
- Usually colonic origin.
- But may be upper GI origin if-
 - Brisk pace or
 - Large volume.

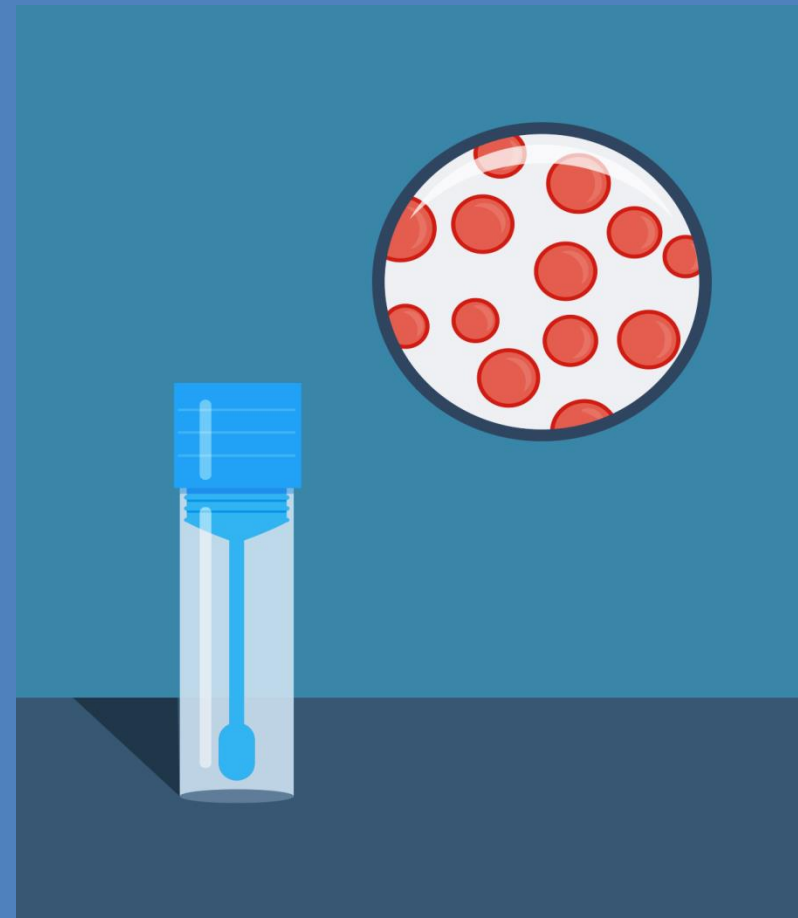
Melena



- Black tarry stool.
- Sticky with Characteristic odour.
- Floats on water.
- > 50 ml bleeding/day.
- Usually upper GI bleeding.

Occult bleeding

- Bleeding that is not apparent or visible to patient.
- Normal up to 10-15 ml/day.
- 15- 50 ml- occult bleeding.



Obscured GI bleeding



- Occult or
- Visible.
- But the source is not identified.

Per rectal bleeding

Painless-

- Haemorrhoids.
- Rectal polyp.
- IBD.
- Diverticular disease.
- CRC (early).
- SRUS.
- Rectal varices.
- Postpolypectomy .

Per rectal bleeding

Painful-

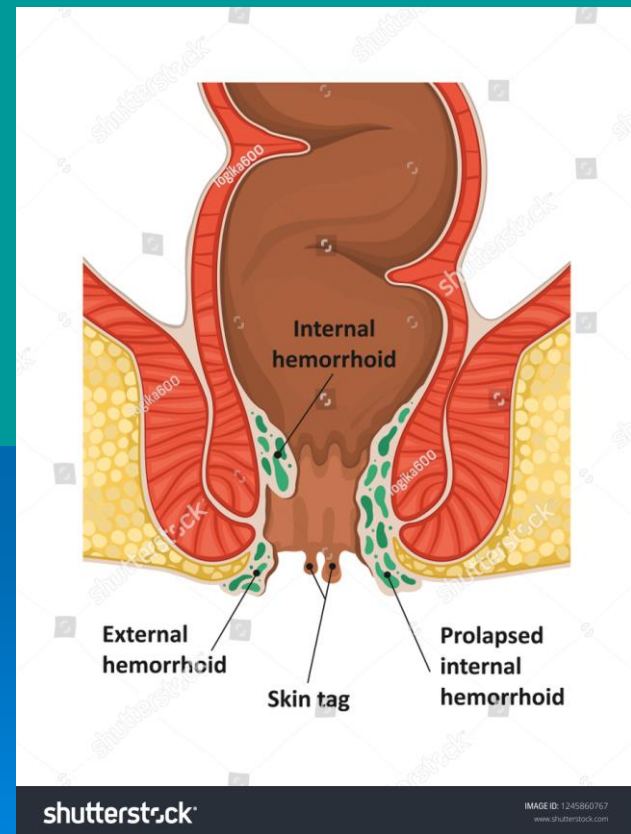
- Thrombosed haemorrhoids.
- Anal fissure.
- Anal trauma.
- Advanced cancer.
- Anal warts.
- Rectal prolapse.
- Proctocolitis.

Painful anal condition

- Acute anal fissure.
- Complicated haemorrhoids.
- Anorectal abscess.
- Perianal haematoma.
- Anal cancer.
- Proctalgia fugax.

What is haemorrhoids?

- Symptomatic anal cushion.
- Types-
 - Internal- above dentate line.
 - External-Below dentate line.
 - Interoexternal- above & below dentate line.



Types of Internal Piles or Hemorrhoids



Grade-i



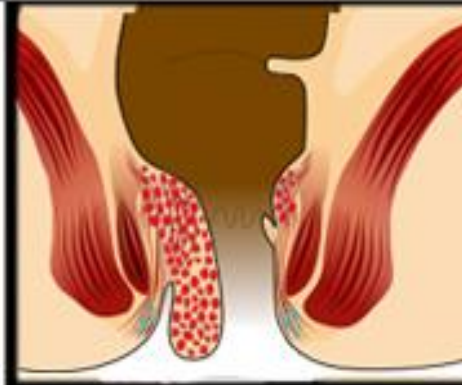
The internal hemorrhoid protrudes out of the canal but does not prolapse completely. There is chance of bleeding.



Grade-ii



The hemorrhoid bulges out the anal canal while straining during stool or even flatus comes out, but spontaneously return back inside to their original position once the straining has subsided.



Grade-iii



Here the hemorrhoid may protrude out from the anal canal without any straining and requires the patient to push them inside manually.



Grade-iv

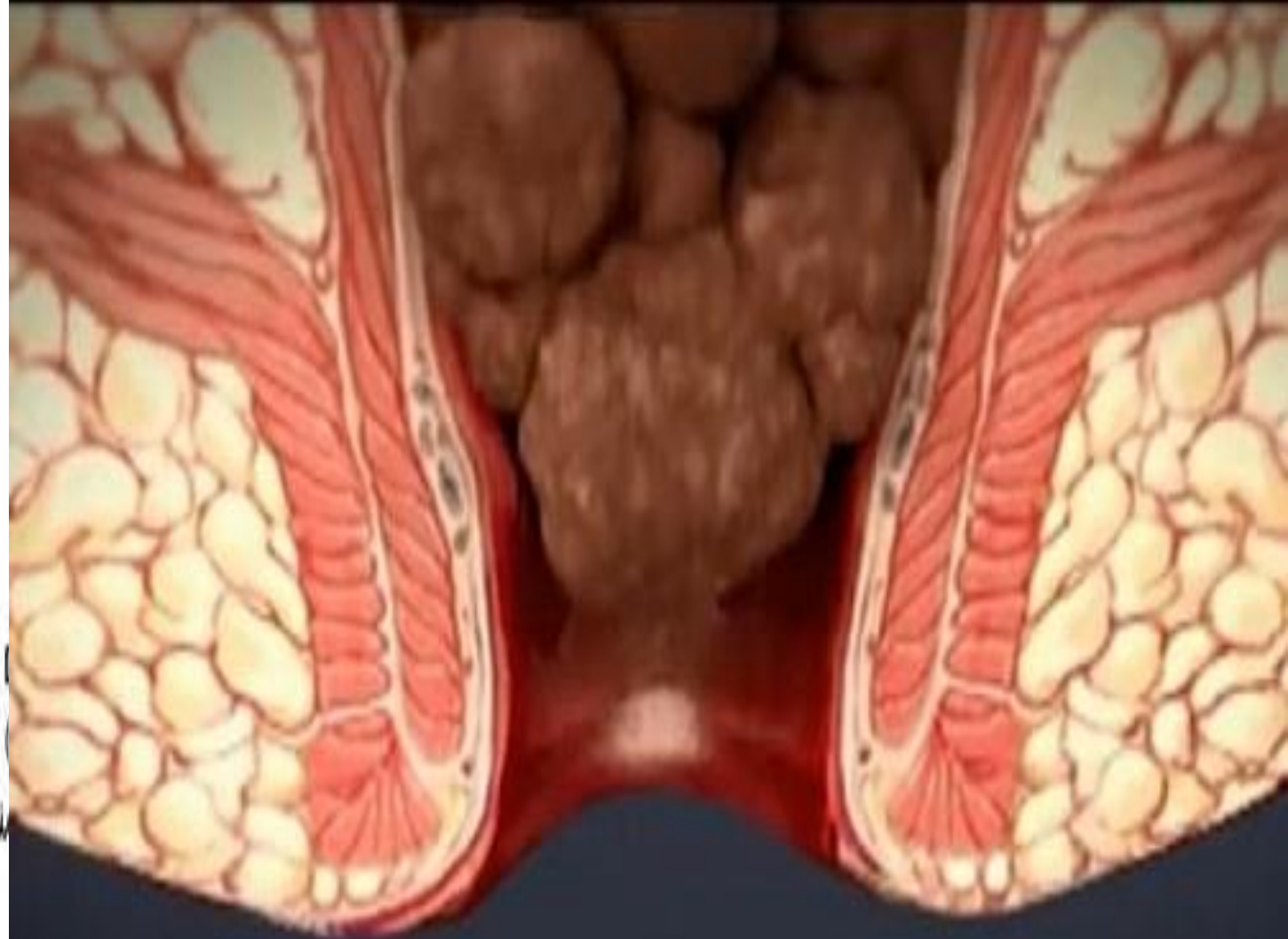


Here the internal hemorrhoid always stays protruded or prolapsed.

Anterior



Posterior

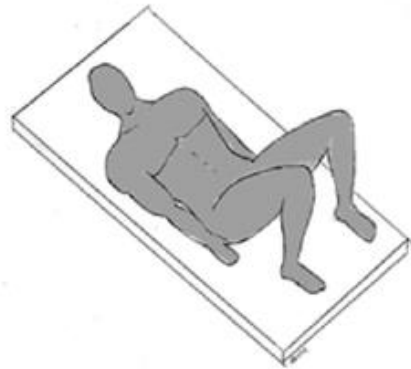




I



II



III



IV

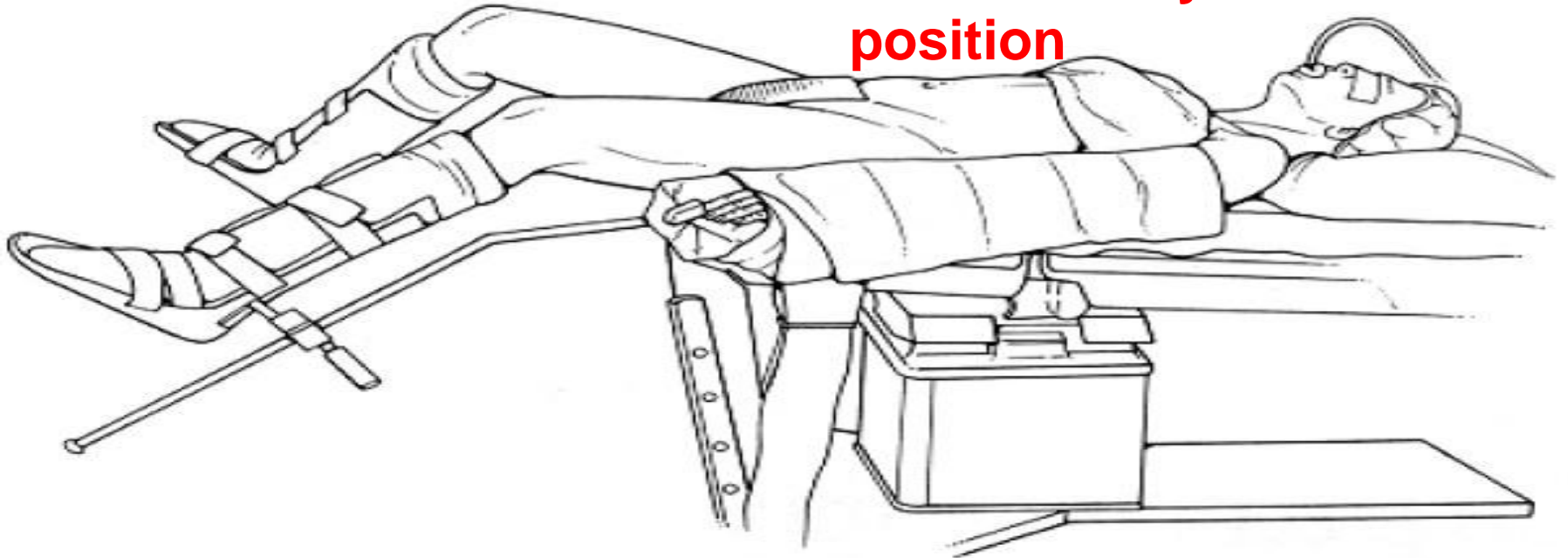
Positions-

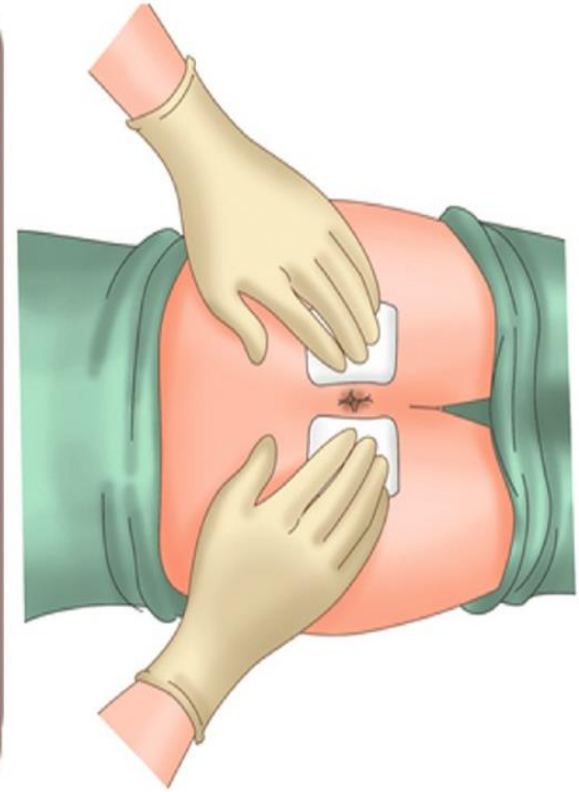
- Left lateral.
- Right lateral.
- Dorsal position.
- Knee-elbow.
- Lithotomy.
- Standing.

Lithotomy position



Modified Lithotomy position





Left lateral position-

- Sim's position.
- Knee flexed, hip flexed.
- Buttock at the corner of the bed.
- Right index finger.
- Push over postanal region.
- Relaxes puborectalis, straightens rectum & anal canal.



Proctoscope



Proctoscope:



Length

- Depends upon the length of proctoscope.
- Upto 12 cm.



Proctoscope

Parts-

- Outer sheath with a handle.
- Inner obturator.

Types-

- Illuminating.
- Non illuminating.

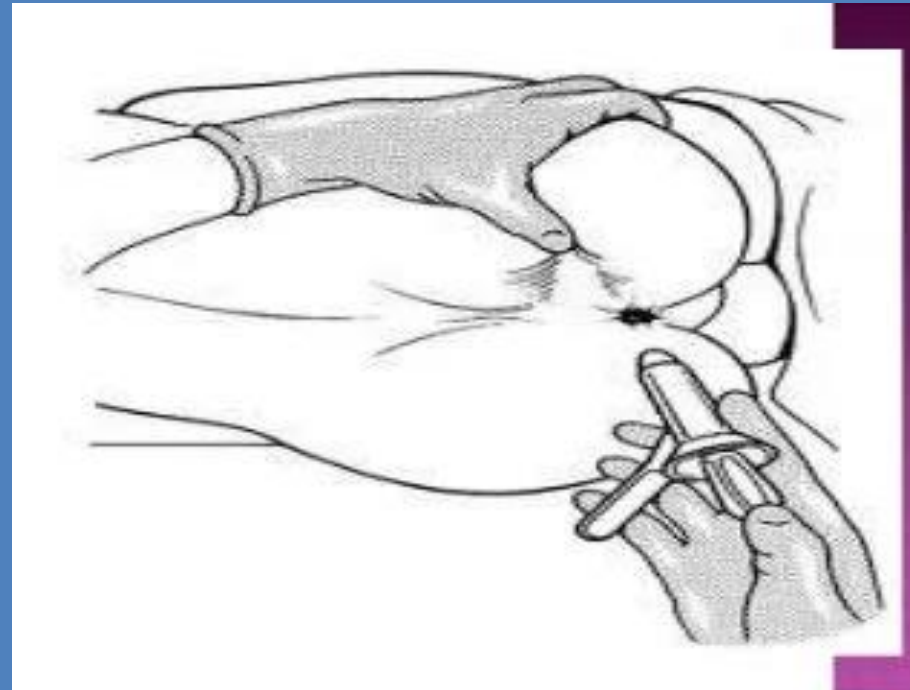
Proctoscope:



Indications

Diagnostic-

- Haemorrhoids.
- Fissure.
- Fistula.
- Polyp.
- Biopsy.
- Stricture.



Therapeutic-

- Sclerotherapy.
- Polypectomy.
- RBL.

Complications

- Pain.
- Bleeding.
- Thrombosis.
- Prolapse.
- Ulceration.
- Abscess formation.
- Portal pyemia (rare).

Contraindication-

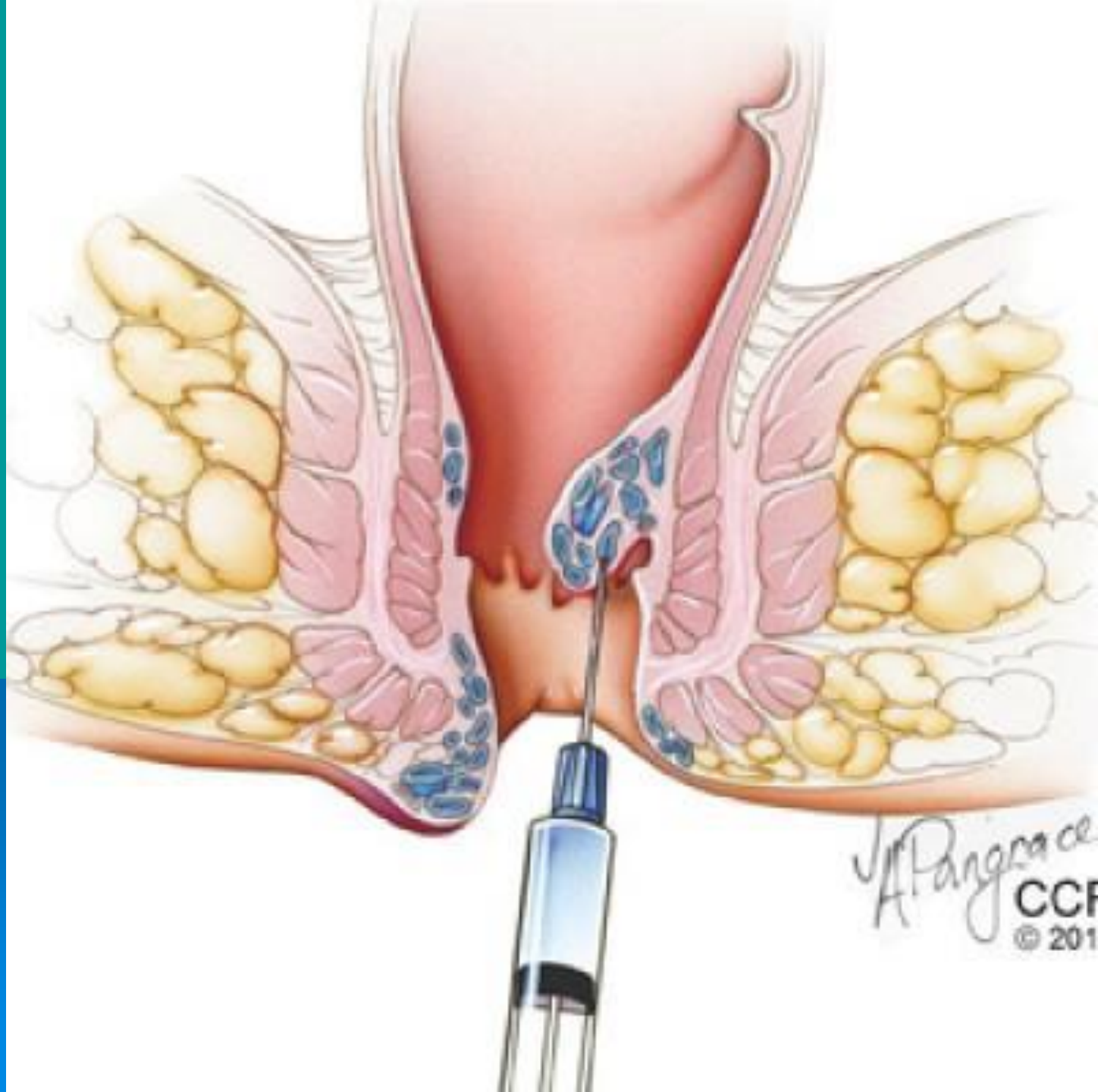
- Painful anal condition.



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Sclerotherapy



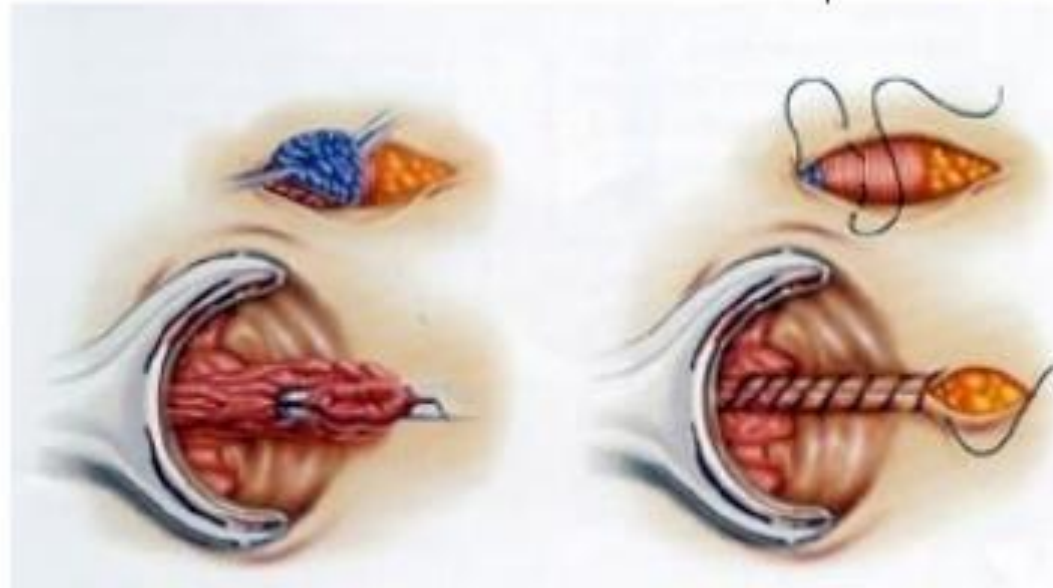
RBL



Ferguson's (Closed) Haemorrhoidectomy

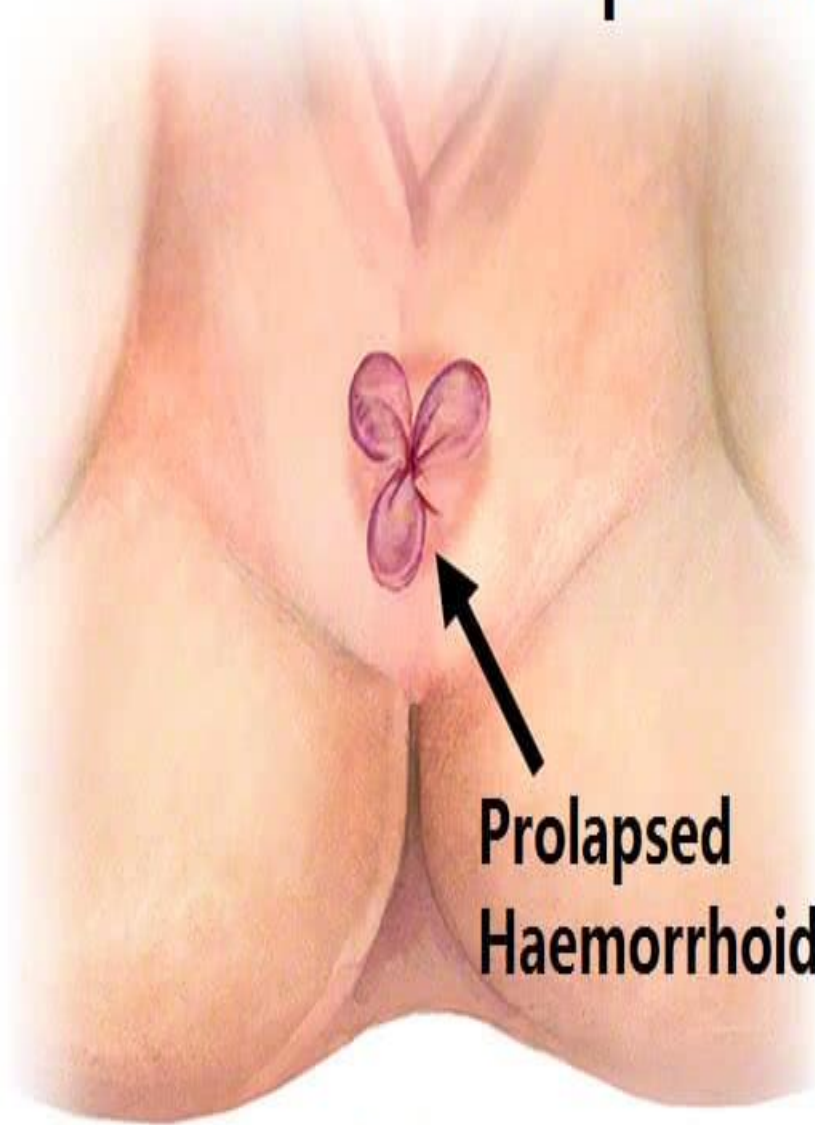


- Developed in 1952



- Haemorrhoidal tissue excised.
- Mucosal wound and skin sutured completely with a continuous absorbable suture.

Open Haemorrhoidectomy



**Prolapsed
Haemorrhoids**

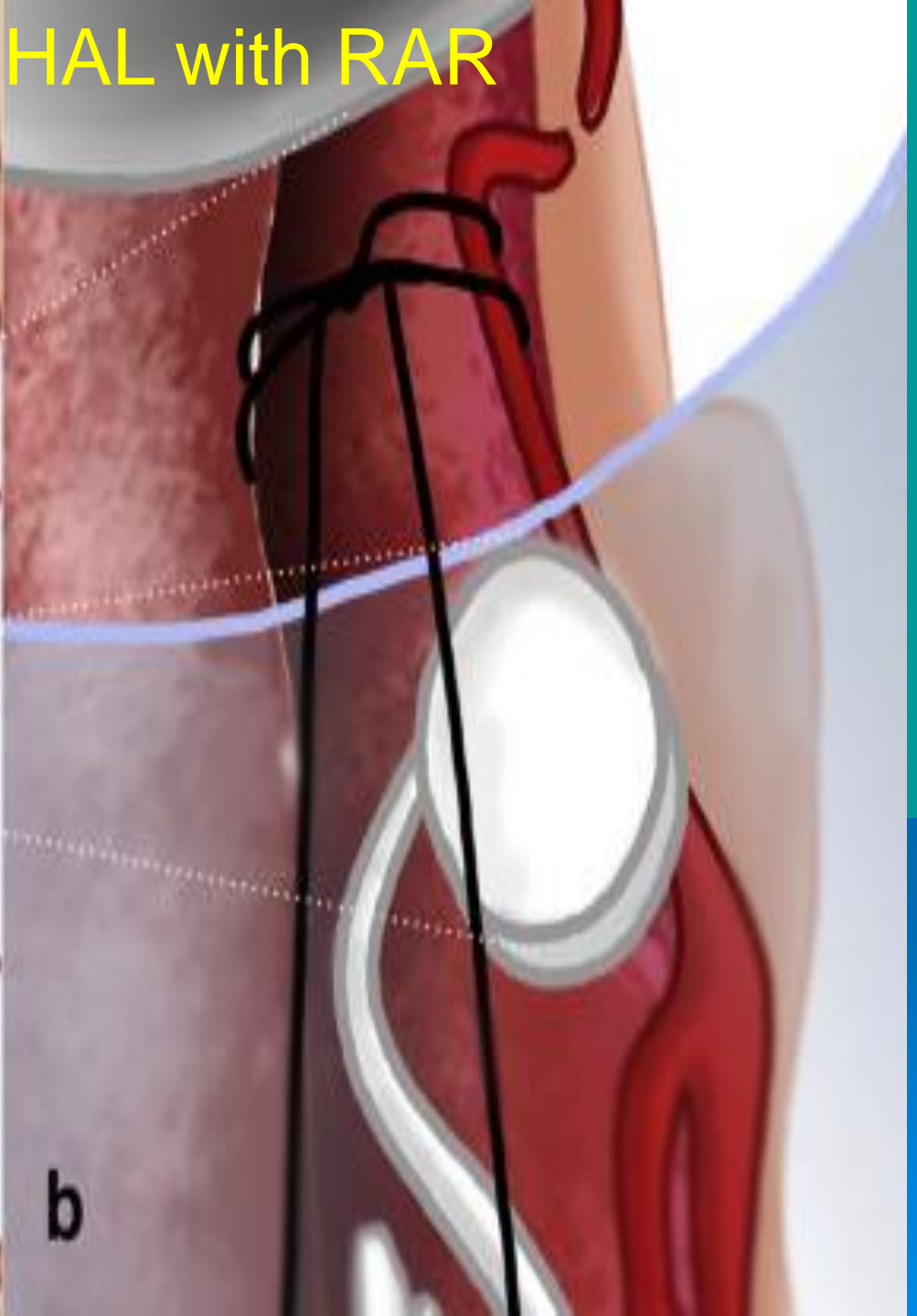
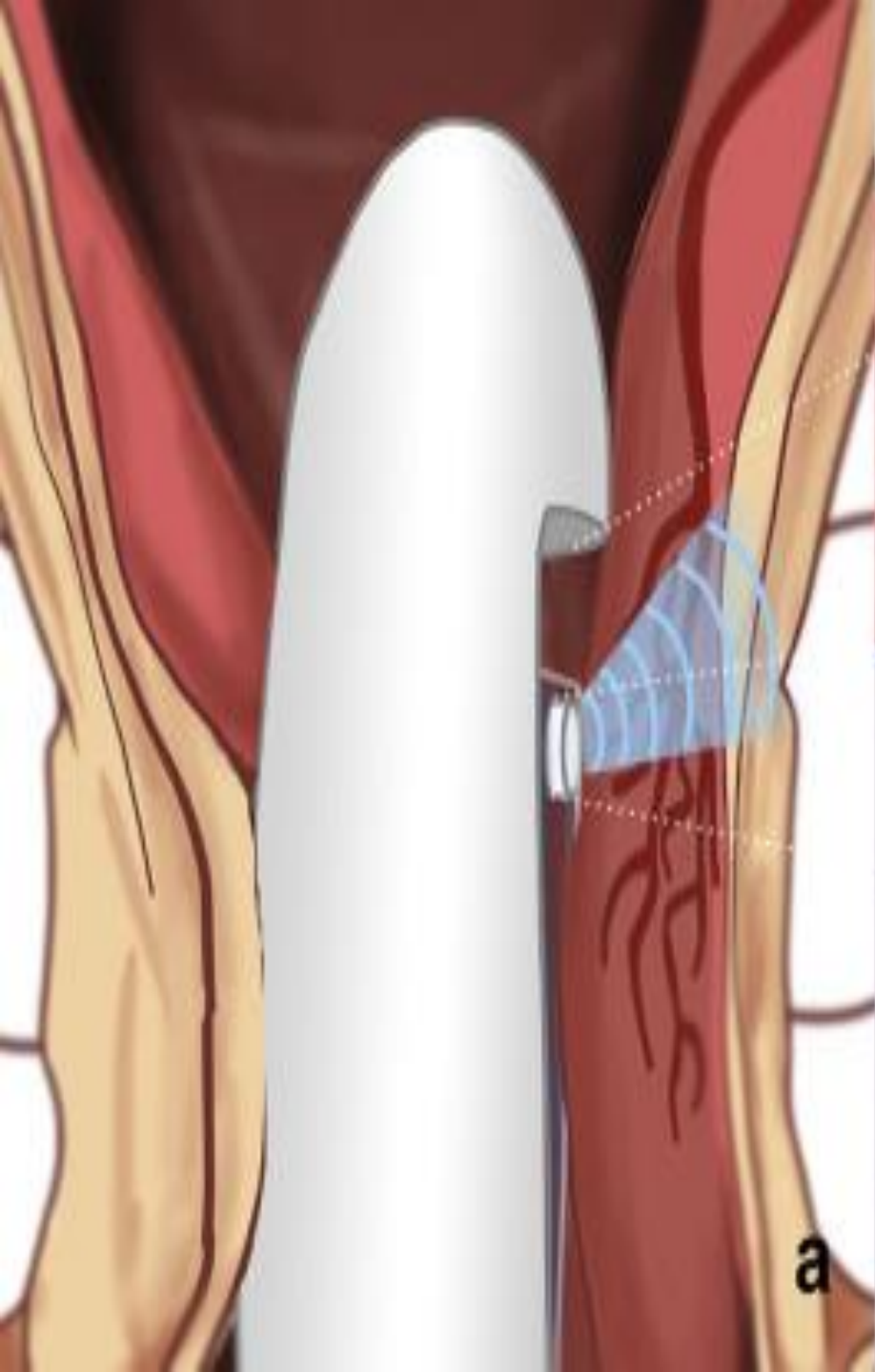
Before



Open wounds

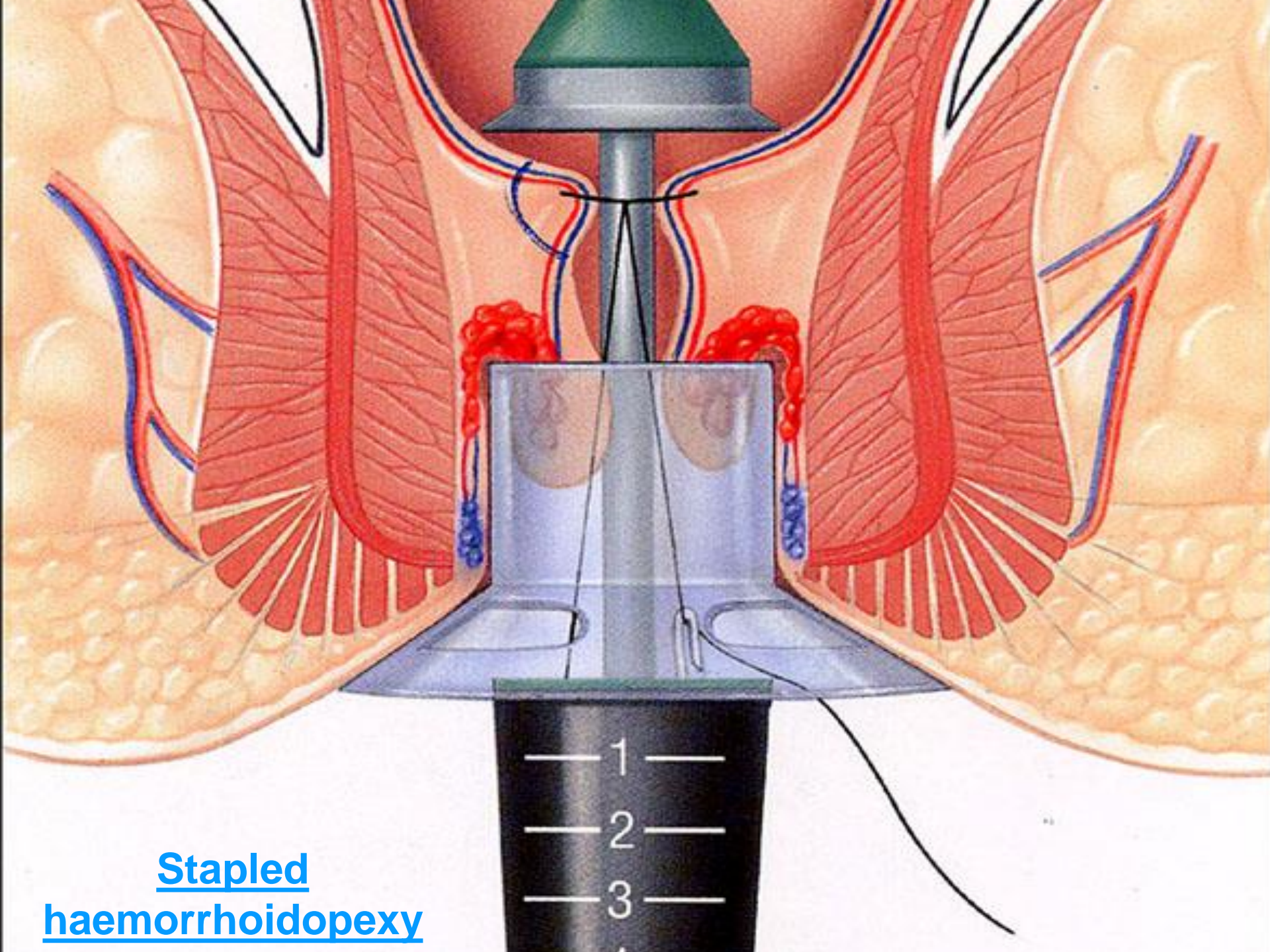
After

HAL with RAR



a

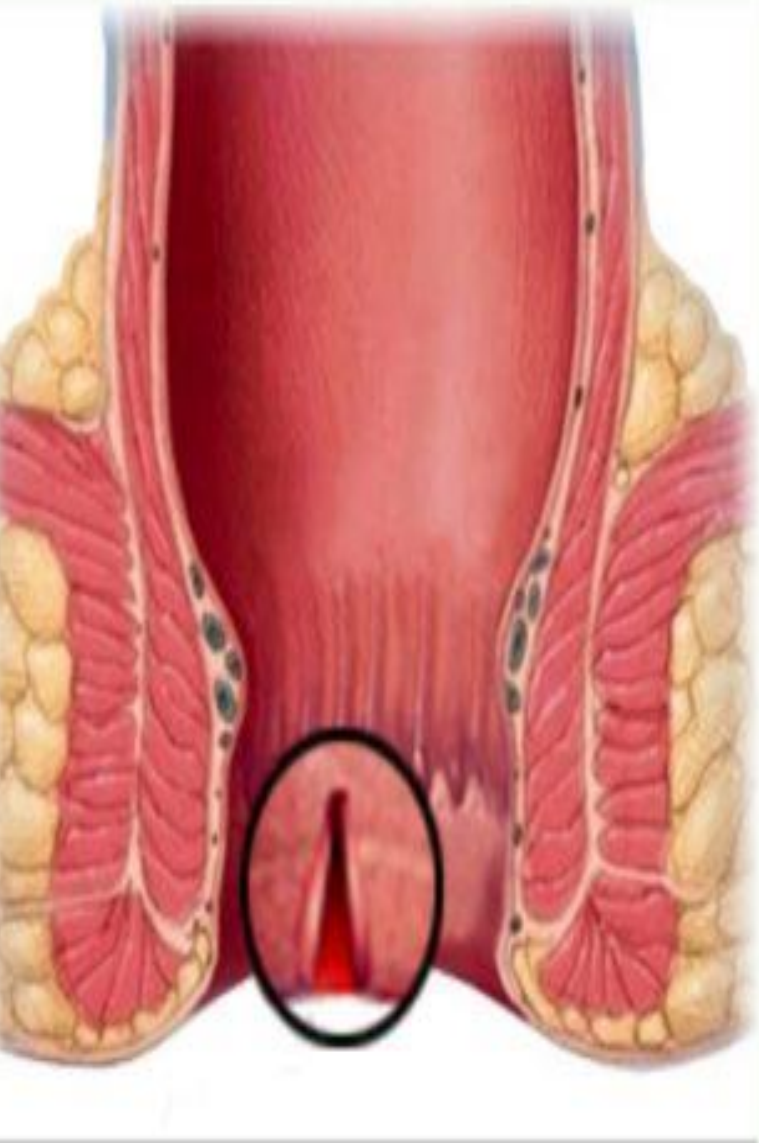
b



Stapled
haemorrhoidopexy



LHP



Anal Fissure



Treatment

- Fibre containing diet.
- Avoid straining.
- Avoid fast food, rich food & soft drinks.
- Laxatives.
- Antibiotics?
- Analgesics.
- Topical ointment.
- Warm sitz bath.

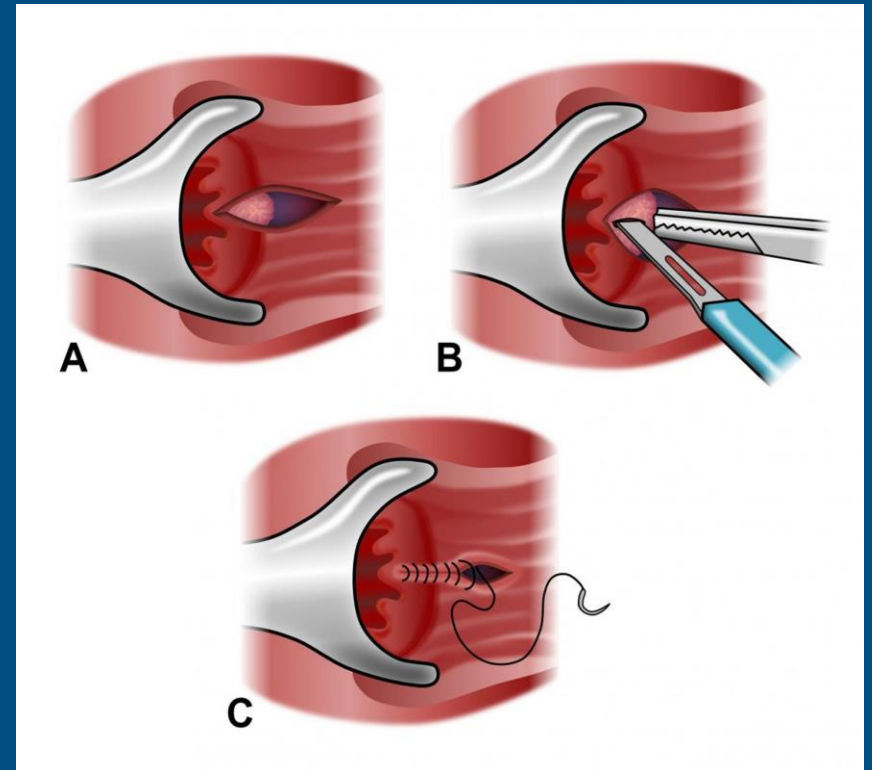


Surgical treatment

Botulinum toxin.

LIS-

- Open.
- Close.
- LASER LIS.
- Excision of SST?



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Thank you!

