

Lower GI (S2)



Hemorrhoids

Anal-Fissure

Notes by : Dr. Fahad (F16-040)

Final Year

0300-8121234

⇒ Hemorrhoids

→ A 45 yr. male presents in the OPD with complain of painless bleeding per-rectum for last 02 month.

D/Diagnosis → Hemorrhoids, Internal hemorrhoids  
Colon cancer  
Crohn's Disease  
Polyps  
Diverticulum.

D → 30 yr. old male presents with bleeding before defecation for past 06 months.

D/Diagnosis

Hemorrhoids  
Colon CA  
Polyps  
Anal-Fissure  
Crohn's Disease  
Anal cancer.

Notes by Fahad Rasool

D → 68 yr. old female presents with faecal incontinence. Per rectal examination shows growth about 3cm from anal verge.

1 - Diagnosis - External hemorrhoids.

Types: External Hemorrhoid  
Internal Hemorrhoids

Q - Investigate  
Treatment

Primary site of Hemorrhoids

Different degree of Hemorrhoids

Investigation :-

History Painless per Rectal bleeding before Defecation

Examination

Inspection :

gn [ Lithotomy position  
left lateral position

Check 3°O clock  
7°O clock  
11°O clock.

3rd + 4th degree can be seen on examination.

Proctoscope : To check degree

1st - Degree :

Only bleeds  
No prolapse

2nd - Degree :

Prolapse  
Reduce spontaneously.

3rd - Degree :

Prolapse  
But Reduce manually

4th - Degree :

Prolapse  
Irreducible.

Treatment :

Medical Therapy

Injection Sclerotherapy

Rubber band Ligation

Photocoagulation

Hemorrhoidectomy.

- open  
- closed  
- stapled

Notes by  
Fahad Rasool

## Complication : (Hemorrhoid)

Strangulation

Thrombosis

Ulceration

Gangrene

Fibrosis

Suppuration.

## Complication of hemorrhoidectomy

Early



Pain

Retention of urine

Reactionary hemorrhage

Late



Anal stricture

Anal Fissure

Secondary hemorrhage

Incontinence

## Goodsall's Rule :

Fistula with external opening

anterior to an imaginary line (Transverse) <sup>across the anus</sup> has the same radial position  $\xi_1$  for external opening posterior to this line, the internal opening is in the mid-line posteriorly with a horse shoe track.

Notes by  
Fahad Raza

Q-40 yr old banker presents with bleeding per rectum associated with pain while defecation for past 01 month.

D/Diagnosis

Hemorrhoids

Colorectal carcinoma

Anal-Fissure.

Notes by  
Fahad Rasool

⇒ Anal-Fissure

Q → 30 yr. male presents in OPD with complain of painful defecation and streak of blood along the side of stool. There is no H/O Trauma.

Diagnosis - Anal Fissure

Treatment

↓

Conservative - Stool softeners  
High Fiber Diet  
Sitz Bath

Nitrates :

(Relax smooth  
muscle)

0.2 % glycerol nitrate 2 or 3 times  
for 08 weeks 70% heal.

S.e : Headache

Botulinum Toxin :

Cause relaxation of sphincter muscle.

Manual dilation of Anus :

Under Anesthesia - Forcefully dilation  
of anal canal.

Lateral internal spinterectomy :

↓ spinter tone

↓ Pain

↑ vascularity

↑ Heal.

Anal advancement flap :

- Edges of fissure excised
- wound covered by flap.

Notes by  
Farhad Rasool