



## Evaluation & Management of a Patient with Benign Anorectal Disease

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| <b>Description of the Activity</b> | <ul style="list-style-type: none"><li>❖ General surgeons are frequently called upon to evaluate and manage benign anorectal disease in the inpatient, outpatient, and emergency department settings. Anorectal disease is a source of great patient morbidity. Surgeons must be able to provide patient-centered care and treatment for the most commonly seen anorectal conditions and recognize complex disease that requires specialist referral.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Functions</b>                   | <ul style="list-style-type: none"><li>❖ Nonoperative/ Preoperative<ul style="list-style-type: none"><li>➤ Perform a focused history and physical examination, including pertinent positive and negative signs and symptoms.<ul style="list-style-type: none"><li>▪ Give attention to comorbidities that could affect patient care, such as:<ul style="list-style-type: none"><li>▪ Anticoagulation</li><li>▪ Bowel continence</li><li>▪ Cirrhosis</li><li>▪ Portal hypertension</li></ul></li></ul></li><li>➤ Use, perform, and incorporate into the management plan physical examination adjuncts when needed, including anoscopy, endoscopy, and imaging.</li><li>➤ Synthesize information from the patient's history and physical examination, medical records, and existing diagnostic evaluations to develop a differential diagnosis.</li><li>➤ Create a differential diagnosis that recognizes the broad diagnoses of anorectal disease.</li><li>➤ Manage a patient using a stepwise approach from nonoperative therapy to procedural intervention, and identify a patient in whom operative intervention is the appropriate first step.</li><li>➤ Select a setting and an anesthetic and surgical approach consistent with a patient's diagnosis and comorbidities.</li><li>➤ Obtain informed consent with cultural humility.<ul style="list-style-type: none"><li>▪ Describe the indications, risks, benefits, alternative therapies, and potential complications of the planned procedure. Incorporate a discussion of the goals of care.</li><li>▪ Ensure patient/caregiver comprehension using applicable language services and audio/visual aids.</li><li>▪ Ensure that the patient/caregiver(s) can ask questions, and address any expressed concerns, taking patient/caregiver preferences into account.</li><li>▪ Document the consent discussion.</li></ul></li><li>➤ Initiate discussion with a patient/caregiver(s) to ensure understanding of perioperative expectations and the postoperative care plan, including topics such as:<ul style="list-style-type: none"><li>▪ Bowel function</li><li>▪ Pain</li><li>▪ Potential staged procedure</li></ul></li><li>➤ Recognize a patient who should be referred to a colorectal specialist.</li></ul></li><li>❖ Intraoperative</li></ul> |



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- Manage the perioperative environment, including room setup, equipment check, preprocedural time-out, specimen processing, counts, wound classification, and debriefing functions.
- Position a patient to expose the operative field, taking precautionary measures to prevent iatrogenic injury.
- Confirm accessibility of necessary equipment.
- Collaborate with other perioperative health care professionals to create and maintain an intraoperative environment that promotes safe patient care.
- Develop an initial operative plan that demonstrates understanding of a patient's pathology, anatomy, physiology, indications, contraindications, and potential complications.
- Perform operative interventions such as:
  - Anal sphincterotomy
  - Anal fistulotomy
  - Hemorrhoidectomy
  - Seton placement
  - Incision and drainage of perianal abscess
  - Excision and fulguration of anal condyloma
- Integrate new information discovered intraoperatively to modify the operative plan as necessary, such as:
  - Management of hemorrhoidal artery bleeding
  - Recognition of a patient not appropriate for a fistulotomy
  - Recognition of a patient not appropriate for a sphincterotomy
- ❖ Postoperative
  - Communicate a postcounter plan with the patient/caregiver(s) and other health care team members that considers location, postcounter needs, outcome expectations, and a follow-up plan.
  - Develop a postcounter plan that includes an analysis of patient-specific barriers to care.
  - Recognize and manage (or identify the need for referral to a specialist) the most common complications following operative management of anorectal disease, such as:
    - Bleeding
    - Incontinence
    - Infection
    - Pain
    - Recurrence
    - Urinary retention

### ❖ In scope

- Anal abscess
- Anal anesthesia
- Anal fissure
- Anal fistula



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### Scope

- Hemorrhoid disease
- Perianal condyloma
- ❖ Out of scope
  - Anal dysplasia
  - Anal or rectal cancer
  - Anal sexually transmitted infections other than condyloma
  - Anorectal malformations
  - Fecal incontinence
  - Hidradenitis
  - Pediatric anorectal disease
  - Pilonidal cyst/abscess
  - Pruritus ani
  - Rectal prolapse
  - Rectovaginal fistula



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| Level                                                                                                                                                                                                                                                                       | Nonoperative/Preoperative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Intraoperative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Postoperative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p><b>1</b></p> <p><b><u>Limited Participation</u></b></p> <p>Demonstrates understanding of information and has very basic skills</p> <p><b><u>Framework:</u></b><br/>What a learner directly out of medical school should know</p> <p>The attending can show and tell.</p> | <ul style="list-style-type: none"> <li>Obtains an H&amp;P inclusive of an anorectal exam with cultural humility; develops an incomplete differential for anal pain or bleeding</li> <li>Demonstrates cultural humility and respect for a patient's privacy while discussing sensitive matters; discusses exam findings with a patient</li> <li>Demonstrates knowledge of the basic pathophysiology of anorectal disease</li> <li>Identifies normal anal anatomy and obvious exam findings such as a mass or decreased sphincter tone but does not identify subtle findings</li> <li>Discusses the rationale for anoscopy with a patient</li> <li>Explains steps of a care plan to a patient but not the expected postop course or recovery times; reports some potential harms and benefits of an operation</li> </ul> | <ul style="list-style-type: none"> <li>Identifies some options for patient positioning for an anorectal procedure but demonstrates incomplete understanding of the potential for nerve or pressure injury</li> <li>States the overall goals of the operation but is unable to outline the specific steps</li> <li>Needs assistance to recognize tissue planes for dissection and needs help to proceed after each operative step</li> <li>Handles instruments inefficiently and with limited dexterity and frequently repositions instruments; demonstrates incomplete understanding of tissue handling; with direction, can suture and tie knots in the correct location and with correct tension</li> </ul> | <ul style="list-style-type: none"> <li>Provides updates and answers to straightforward questions from a patient/caregiver(s) and other health care team members in a respectful and understandable way</li> <li>Identifies simple postop problems such as pain and bleeding</li> </ul>                                                                                                                                                                                                                                  |
| <p><b>2</b></p> <p><b><u>Direct Supervision</u></b></p> <p>Demonstrates understanding of the steps of the operation but requires direction through principles and does not know the nuances of a basic case</p>                                                             | <ul style="list-style-type: none"> <li>Broadly describes expected outcomes of nonoperative management but omits details such as the likelihood of treatment success or steps for escalation of therapy</li> <li>Needs assistance to differentiate between patients best served by office or OR procedures</li> <li>Recognizes perianal lesions on external exam but displays limited ability to diagnose them (eg, condyloma vs skin tag)</li> <li>Evaluates a patient with anal pain or bleeding and orders diagnostic tests as indicated</li> <li>Manages a patient with a common anorectal condition nonoperatively and</li> </ul>                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>Uses physical exam findings to determine operative positioning (eg, prone for anterior lesions, lithotomy for posterior lesions)</li> <li>Describes the use of some instruments used in anorectal procedures</li> <li>Demonstrates knowledge of common positioning options but may select an inappropriate one; recognizes the importance of protecting against nerve and pressure injuries</li> <li>Provides a basic description of the operative plan but omits some steps; maintains the plane of dissection if identified for them but cannot</li> </ul>                                                                                                           | <ul style="list-style-type: none"> <li>Initiates a discussion of intraop findings and postop course with a patient/caregiver(s) for an uncomplicated, straightforward procedure but cannot answer questions beyond these descriptions or recognize worrisome symptoms and warning signs of postop problems; articulates this information to other health care team members but does not develop a plan independently</li> <li>Carries out a postop plan initiated by a more experienced health care provider</li> </ul> |



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| <p><b>Framework:</b><br/>The learner can use the tools but may not know exactly what, where, or how to do it.</p> <p>The attending gives active help throughout the case to maintain forward progression.</p>                                                                                                                                                                | <p>recognizes the importance of bowel habit optimization</p> <ul style="list-style-type: none"> <li>States the steps of anoscopy, including need for a chaperone, but cannot perform the procedure independently</li> <li>Performs an internal and external physical exam of the anus but may omit assessment of reflexes, tone, and function</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>independently enter it; frequently deviates from the correct plane</p> <ul style="list-style-type: none"> <li>Sometimes requires guidance to move to the next step of the procedure</li> <li>Controls bleeding only with direction</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p><b>3</b></p> <p><b>Indirect Supervision</b></p> <p>Can do a basic operation but will not recognize abnormalities and does not understand the nuances of an advanced case</p> <p><b>Framework:</b><br/>The learner can perform the operation in straightforward circumstances.</p> <p>The attending gives passive help. This help may be given while scrubbed for more</p> | <ul style="list-style-type: none"> <li>Discusses anoscopy findings, disease pathology, and options for treatment; explains nonoperative management of the identified pathology and names some surgical options</li> <li>Obtains informed consent for a straightforward procedure they are familiar with and answers basic questions</li> <li>Demonstrates understanding of treatment options for:               <ul style="list-style-type: none"> <li>Anal fissure: topical calcium channel blockers, topical vasodilators</li> <li>Fistula: exam under anesthesia</li> <li>Hemorrhoid: nonoperative management, banding, excisional hemorrhoidectomy</li> <li>Condyloma: excision and fulguration</li> </ul> </li> <li>Assesses baseline bowel continence but does not discover symptoms such as urgency, incontinence to flatus, and fecal smearing</li> <li>Demonstrates knowledge of the limitations of in-office procedures and</li> </ul> | <ul style="list-style-type: none"> <li>Demonstrates knowledge of instruments typically used in most anorectal surgeries; suggests a position for the procedure and identifies other options; describes the potential for nerve injury and correctly identifies nerves at risk in each position</li> <li>Outlines the steps of the procedure in a straightforward case</li> <li>Demonstrates careful tissue handling and identifies the correct plane but cannot self-correct; anticipates the next step of the procedure correctly in a straightforward case</li> <li>With supervision, performs operative treatment for:               <ul style="list-style-type: none"> <li>Fistula: Identifies the anatomy of the sphincter muscles relative to the tract but is unsure of which operation to perform</li> <li>Hemorrhoid: Dissects the submucosal plane when shown the correct plan and preserves the anal sphincter</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Discusses intraop findings and postop course with a patient/caregiver(s) but struggles to find straightforward language and does not confirm understanding</li> <li>Tells a patient how to report worsening symptoms but does not give specific warning signs</li> <li>Considers patient-specific barriers and disparities in care when devising and communicating the postop plan</li> <li>Recognizes a severe postop problem such as pelvic sepsis syndrome but requires assistance to manage it; selects an appropriate method of postop follow-up with consideration of case complexity, health care system cost, and patient resources (eg, telehealth)</li> <li>Manages routine postop care, recognizes common postop complications, and evaluates and manages simple problems</li> </ul> |



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| <p>complex cases or during a check-in for more routine cases.</p>                                                                                                                                                                                                                                                     | <p>identifies a patient who may be a candidate</p> <ul style="list-style-type: none"> <li>● Discusses a step-wise treatment plan with a patient, including optimal anal health with fiber and healthy toileting habits</li> <li>● When surgery is appropriate, discusses a recommended approach and the alternatives, risks, and benefits of each option</li> <li>● Identifies abnormal sphincter anatomy or a fissure/fistula on physical exam</li> <li>● Develops a plan for managing a healthy patient with an anorectal condition, including operative intervention as indicated; manages comorbid conditions contributing to symptoms</li> <li>● Performs anoscopy in the presence of a chaperone and with cultural humility but needs assistance to perform it correctly; displays technique that is less gentle than ideal and does not provide the patient with a verbal narrative, causing the patient to be nervous and unexpecting of touch</li> </ul> | <p>during dissection; needs prompting to consider the extent of the dissection</p> <ul style="list-style-type: none"> <li>○ Condyloma: Needs direction to identify the subcutaneous plane beneath a condyloma and may create an unnecessarily large wound; needs prompting to consider the extent of the dissection</li> <li>○ Abscess: Identifies when a drain is needed and the appropriate location and size of an incision</li> <li>○ Fissure: Identifies a hypertrophic band in the internal anal sphincter muscle and correctly identifies the intersphincteric groove</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p style="text-align: center;"><b>4</b></p> <p style="text-align: center;"><u><b>Practice Ready</b></u></p> <p>Can manage more complex patient presentations and operations and take care of most cases</p> <p style="text-align: center;"><u><b>Framework:</b></u><br/>The learner can treat all straightforward</p> | <ul style="list-style-type: none"> <li>● Explains the process of the exam to a patient with calming reassurance</li> <li>● Personalizes the discussion to a patient's language preference and social considerations, using a variety of methods to ensure understanding</li> <li>● Demonstrates comprehensive knowledge of treatment options and addresses them in discussion with a patient:             <ul style="list-style-type: none"> <li>○ Anal fissure: Botox, sphincterotomy</li> <li>○ Fistula: fistulotomy, seton, and fistulas requiring specialty referral</li> <li>○ Condyloma: topical treatments</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>● Independently performs operative treatment for:             <ul style="list-style-type: none"> <li>○ Fistula: Identifies the anatomy of the sphincter muscles relative to the tract and modifies the operative plan to include a fistulotomy or seton as appropriate</li> <li>○ Hemorrhoid: Identifies the submucosal plane preserving the anal sphincter during dissection and recognizes and controls the hemorrhoidal vascular pedicle; recognizes and explains when</li> </ul> </li> </ul>                                                 | <ul style="list-style-type: none"> <li>● Leads a discussion with a patient/caregiver(s) and other health care team members, ensuring understanding, employing cultural humility, and using appropriately straightforward language regarding the findings and intraop course</li> <li>● Delivers news of postop complications in a caring and respectful manner</li> <li>● Uses customized, multimodal, opioid-sparing pain management strategies consistent with evidence-based prescribing guidelines and discusses opioid management with the patient</li> </ul> |



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| <p>anorectal disease and has a strong understanding of surgical options and techniques for less common scenarios.</p> <p>The attending is available at the request of the learner but is not routinely needed for common presentations, though input may be needed for more complex presentations.</p> | <ul style="list-style-type: none"><li>● Assesses baseline bowel continence, recognizing its influence on the treatment plan</li><li>● Recognizes normal and abnormal pathology on exam</li><li>● Synthesizes all relevant data and generates a personalized treatment plan for a patient with anorectal disease, including managing anticoagulation, portal HTN, and other relevant considerations</li><li>● Protects themselves and advocates for other team members by identifying when precautions against aerosolized HPV are necessary; uses a respirator and closed circuit smoke evacuation to minimize exposure</li><li>● Performs a thorough anal exam, including an external exam, assessing reflexes, tone, and function; performs anoscopy with cultural humility and in the presence of a chaperone using a gentle and thorough technique</li><li>● Discusses postop care and expectations</li></ul> | <p>excision of all prominent hemorrhoid tissue is not indicated</p> <ul style="list-style-type: none"><li>○ Condyloma: Identifies the subcutaneous plane beneath a condyloma without damaging the anal sphincter or creating an excessive wound; recognizes and explains when excision of all condylomatous tissue is not indicated</li><li>○ Abscess: Identifies when a drain is needed and the appropriate location and size of an incision to avoid sphincter muscle</li><li>○ Fissure: Identifies the intersphincteric plane and determines the amount of sphincter to transect to treat the disease while mitigating incontinence</li></ul> <ul style="list-style-type: none"><li>● Attempts control of bleeding by packing, cautery, and suture ligation</li><li>● Modifies instrument selection and tissue handling based on intraop findings; modifies the operative plan when the patient's disease or anatomy does not align with what was anticipated</li></ul> | <ul style="list-style-type: none"><li>● Outlines a management plan for common and significant postop complications, including urinary retention, escalating pain, infection, incontinence, recurrence, and bleeding</li><li>● Recognizes the importance of communication to mitigate the severity of postop complications; outlines to the patient the process for reporting worrisome findings such as urinary retention, escalating pain, infectious complications, incontinence, recurrence, and bleeding</li></ul> |