# Evaluation & Management of a Patient with Benign Anorectal Disease

<table>
<thead>
<tr>
<th>Description of the Activity</th>
<th>Functions</th>
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| 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. | ✔️ Nonoperative/ Preoperative  
- Perform a focused history and physical examination, including pertinent positive and negative signs and symptoms.  
  - Give attention to comorbidities that could affect patient care, such as:  
    - Anticoagulation  
    - Bowel continence  
    - Cirrhosis  
    - Portal hypertension  
- Use, perform, and incorporate into the management plan physical examination adjuncts when needed, including anoscopy, endoscopy, and imaging.  
- Synthesize information from the patient’s history and physical examination, medical records, and existing diagnostic evaluations to develop a differential diagnosis.  
- Create a differential diagnosis that recognizes the broad diagnoses of anorectal disease.  
- 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.  
- Select a setting and an anesthetic and surgical approach consistent with a patient’s diagnosis and comorbidities.  
- Obtain informed consent with cultural humility.  
  - Describe the indications, risks, benefits, alternative therapies, and potential complications of the planned procedure. Incorporate a discussion of the goals of care.  
  - Ensure patient/caregiver comprehension using applicable language services and audio/visual aids.  
  - Ensure that the patient/caregiver(s) can ask questions, and address any expressed concerns, taking patient/caregiver preferences into account.  
  - Document the consent discussion.  
- Initiate discussion with a patient/caregiver(s) to ensure understanding of perioperative expectations and the postoperative care plan, including topics such as:  
  - Bowel function  
  - Pain  
  - Potential staged procedure  
- Recognize a patient who should be referred to a colorectal specialist.  |
| ✔️ Intraoperative | |

![Image](image-url)
## Evaluation & Management of a Patient with Benign Anorectal Disease

- 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 postencounter plan with the patient/caregiver(s) and other health care team members that considers location, postencounter needs, outcome expectations, and a follow-up plan.
- Develop a postencounter 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
# Evaluation & Management of a Patient with Benign Anorectal Disease

## Framework:
What a learner directly out of medical school should know

The attending can show and tell.

### Limited Participation

**Demonstrates understanding of information and has very basic skills**

<table>
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<td>1</td>
<td><strong>Obtains an H&amp;P inclusive of an anorectal exam with cultural humility; develops an incomplete differential for anal pain or bleeding</strong>&lt;br&gt;<strong>Demonstrates cultural humility and respect for a patient’s privacy while discussing sensitive matters; discusses exam findings with a patient</strong>&lt;br&gt;<strong>Demonstrates knowledge of the basic pathophysiology of anorectal disease</strong>&lt;br&gt;<strong>Identifies normal anal anatomy and obvious exam findings such as a mass or decreased sphincter tone but does not identify subtle findings</strong>&lt;br&gt;<strong>Discusses the rationale for anoscopy with a patient</strong>&lt;br&gt;<strong>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</strong></td>
<td><strong>Identifies some options for patient positioning for an anorectal procedure but demonstrates incomplete understanding of the potential for nerve or pressure injury</strong>&lt;br&gt;<strong>States the overall goals of the operation but is unable to outline the specific steps</strong>&lt;br&gt;<strong>Needs assistance to recognize tissue planes for dissection and needs help to proceed after each operative step</strong>&lt;br&gt;<strong>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</strong></td>
<td><strong>Provides updates and answers to straightforward questions from a patient/caregiver(s) and other health care team members in a respectful and understandable way</strong>&lt;br&gt;<strong>Identifies simple postop problems such as pain and bleeding</strong></td>
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<td><strong>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</strong>&lt;br&gt;<strong>Carries out a postop plan initiated by a more experienced health care provider</strong></td>
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### Direct Supervision

**Demonstrates understanding of the steps of the operation but requires direction through principles and does not know the nuances of a basic case**

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<td><strong>Broadly describes expected outcomes of nonoperative management but omits details such as the likelihood of treatment success or steps for escalation of therapy</strong>&lt;br&gt;<strong>Needs assistance to differentiate between patients best served by office or OR procedures</strong>&lt;br&gt;<strong>Recognizes perianal lesions on external exam but displays limited ability to diagnose them (eg, condyloma vs skin tag)</strong>&lt;br&gt;<strong>Evaluates a patient with anal pain or bleeding and orders diagnostic tests as indicated</strong>&lt;br&gt;<strong>Manages a patient with a common anorectal condition nonoperatively and</strong>&lt;br&gt;<strong>Uses physical exam findings to determine operative positioning (eg, prone for anterior lesions, lithotomy for posterior lesions)</strong>&lt;br&gt;<strong>Describes the use of some instruments used in anorectal procedures</strong>&lt;br&gt;<strong>Demonstrates knowledge of common positioning options but may select an inappropriate one; recognizes the importance of protecting against nerve and pressure injuries</strong>&lt;br&gt;<strong>Provides a basic description of the operative plan but omits some steps; maintains the plane of dissection if identified for them but cannot</strong></td>
<td><strong>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</strong>&lt;br&gt;<strong>Carries out a postop plan initiated by a more experienced health care provider</strong></td>
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<td><strong>Framework:</strong>&lt;br&gt;The learner can use the tools but may not know exactly what, where, or how to do it.&lt;br&gt;The attending gives active help throughout the case to maintain forward progression.</td>
<td>recognizes the importance of bowel habit optimization&lt;br&gt;States the steps of anoscopy, including need for a chaperone, but cannot perform the procedure independently&lt;br&gt;Performs an internal and external physical exam of the anus but may omit assessment of reflexes, tone, and function</td>
<td>independently enter it; frequently deviates from the correct plane&lt;br&gt;Sometimes requires guidance to move to the next step of the procedure&lt;br&gt;Controls bleeding only with direction</td>
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<td><strong>Indirect Supervision</strong>&lt;br&gt;Can do a basic operation but will not recognize abnormalities and does not understand the nuances of an advanced case&lt;br&gt;The attending gives passive help. This help may be given while scrubbed for more</td>
<td>Discusses anoscopy findings, disease pathology, and options for treatment; explains nonoperative management of the identified pathology and names some surgical options&lt;br&gt;Obtains informed consent for a straightforward procedure they are familiar with and answers basic questions&lt;br&gt;Demonstrates understanding of treatment options for:&lt;br&gt;○ Anal fissure: topical calcium channel blockers, topical vasodilators&lt;br&gt;○ Fistula: exam under anesthesia&lt;br&gt;○ Hemorrhoid: nonoperative management, banding, excisional hemorrhoidectomy&lt;br&gt;○ Condyloma: excision and fulguration&lt;br&gt;Assesses baseline bowel continence but does not discover symptoms such as urgency, incontinence to flatus, and fecal smearing&lt;br&gt;Demonstrates knowledge of the limitations of in-office procedures and</td>
<td>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&lt;br&gt;Outlines the steps of the procedure in a straightforward case&lt;br&gt;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&lt;br&gt;With supervision, performs operative treatment for:&lt;br&gt;○ Fistula: Identifies the anatomy of the sphincter muscles relative to the tract but is unsure of which operation to perform&lt;br&gt;○ Hemorrhoid: Dissects the submucosal plane when shown the correct plan and preserves the anal sphincter</td>
<td>Discusses intraop findings and postop course with a patient/caregiver(s) but struggles to find straightforward language and does not confirm understanding&lt;br&gt;Tells a patient how to report worsening symptoms but does not give specific warning signs&lt;br&gt;Considers patient-specific barriers and disparities in care when devising and communicating the postop plan&lt;br&gt;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)&lt;br&gt;Manages routine postop care, recognizes common postop complications, and evaluates and manages simple problems</td>
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| complex cases or during a check-in for more routine cases. | identifies a patient who may be a candidate  
- Discusses a step-wise treatment plan with a patient, including optimal anal health with fiber and healthy toileting habits  
- When surgery is appropriate, discusses a recommended approach and the alternatives, risks, and benefits of each option  
- Identifies abnormal sphincter anatomy or a fissure/fistula on physical exam  
- Develops a plan for managing a healthy patient with an anorectal condition, including operative intervention as indicated; manages comorbid conditions contributing to symptoms  
- 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 | during dissection; needs prompting to consider the extent of the dissection  
- 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  
- Abscess: Identifies when a drain is needed and the appropriate location and size of an incision  
- Fissure: Identifies a hypertrophic band in the internal anal sphincter muscle and correctly identifies the intersphincteric groove |  
| Practice Ready | Can manage more complex patient presentations and operations and take care of most cases |  
| Framework: The learner can treat all straightforward |  
| 4 |  
|  
| Explains the process of the exam to a patient with calming reassurance  
- Personalizes the discussion to a patient’s language preference and social considerations, using a variety of methods to ensure understanding  
- Demonstrates comprehensive knowledge of treatment options and addresses them in discussion with a patient:  
- Anal fissure: Botox, sphincterotomy  
- Fistula: fistulotomy, seton, and fistulas requiring specialty referral  
- Condyloma: topical treatments | Independently performs operative treatment for:  
- 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  
- Hemorrhoid: Identifies the submucosal plane preserving the anal sphincter during dissection and recognizes and controls the hemorrhoidal vascular pedicle; recognizes and explains when |  
|  
| 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  
- Delivers news of postop complications in a caring and respectful manner  
- Uses customized, multimodal, opioid-sparing pain management strategies consistent with evidence-based prescribing guidelines and discusses opioid management with the patient |  

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<td>● Assesses baseline bowel continence, recognizing its influence on the treatment plan&lt;br&gt;● Recognizes normal and abnormal pathology on exam&lt;br&gt;● 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&lt;br&gt;● 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&lt;br&gt;● 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&lt;br&gt;● Discusses postop care and expectations</td>
<td>excision of all prominent hemorrhoid tissue is not indicated&lt;br&gt;○ 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&lt;br&gt;○ Abscess: Identifies when a drain is needed and the appropriate location and size of an incision to avoid sphincter muscle&lt;br&gt;○ Fissure: Identifies the intersphincteric plane and determines the amount of sphincter to transect to treat the disease while mitigating incontinence&lt;br&gt;● Attempts control of bleeding by packing, cautery, and suture ligation&lt;br&gt;● 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</td>
<td>● Outlines a management plan for common and significant postop complications, including urinary retention, escalating pain, infection, incontinence, recurrence, and bleeding&lt;br&gt;● 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</td>
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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.