

*Hernia/gall stones/piles/bowel
An update*

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Objectives

- Hernia
- Gall stones
- Irritable bowel
- Piles
- Colorectal cancer
 - Screening
 - My results
 - Pt survey

Hernia

- Abnormal protrusion of intestines thro weak part
- Common in men(98 of 100)
- 3 out of 10 - bilateral
- Types-
Inguinal/umbilical/femoral/incisional

Options

- Conservative
- Surgical- open/ laparoscopic

Gall stones

- Stones form from cholesterol
- 1 in 3 women/ 1 in 6 men form gall stones
- Risk- increases with pregnancy/ obesity/ fatty diet
- 3 in 10 people develop symptoms

What does it cause?

- Cholecystitis
- Jaundice
- Pancreatitis

Treatment

- Asymptomatic – leave alone
- Symptomatic-
Laparoscopic Surgery/open

Irritable bowel

- Functional disorder of bowel
- 1 in 5
- Young adults /teenagers
- Symptoms- Pain/ bloating/ frequency

What leads to irritable bowel?

- Overactivity of nerves- stress
- Intolerance to foods

What should you do?

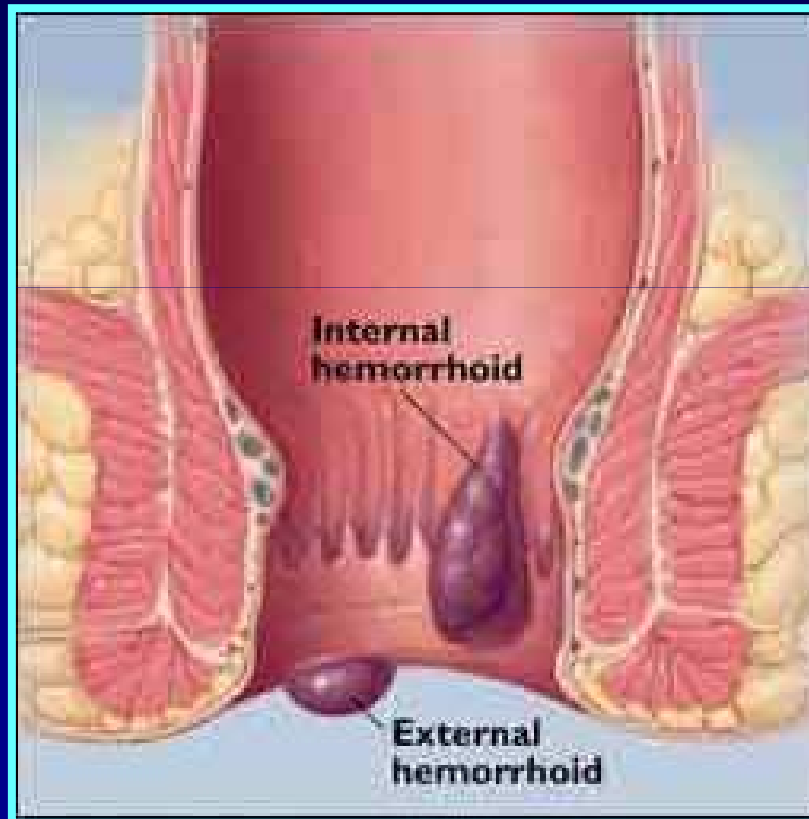
- See your GP!
- Exclude sinister cause-
Cancer/ colitis/ coeliac

Treatment

- Food products- Caffeine rich drinks/
dairy products/ wheat
- Avoid Alcohol/ Smoking
- Regular exercise
- Lifestyle diary
- If constipated- 2 litres of fluids/ fibre
- Diarrhoea-loperamide

Piles

- Network of small veins
- 50% will develop problems in lifetime
- Reason-
constipation/
pregnancy



59 year old male

- Habitual constipation.
- Intermittent bleeding per rectum 10/52
- No loss of weight, app. No family history

35 year old male

- Bright red blood per rectum.
- Fit and healthy

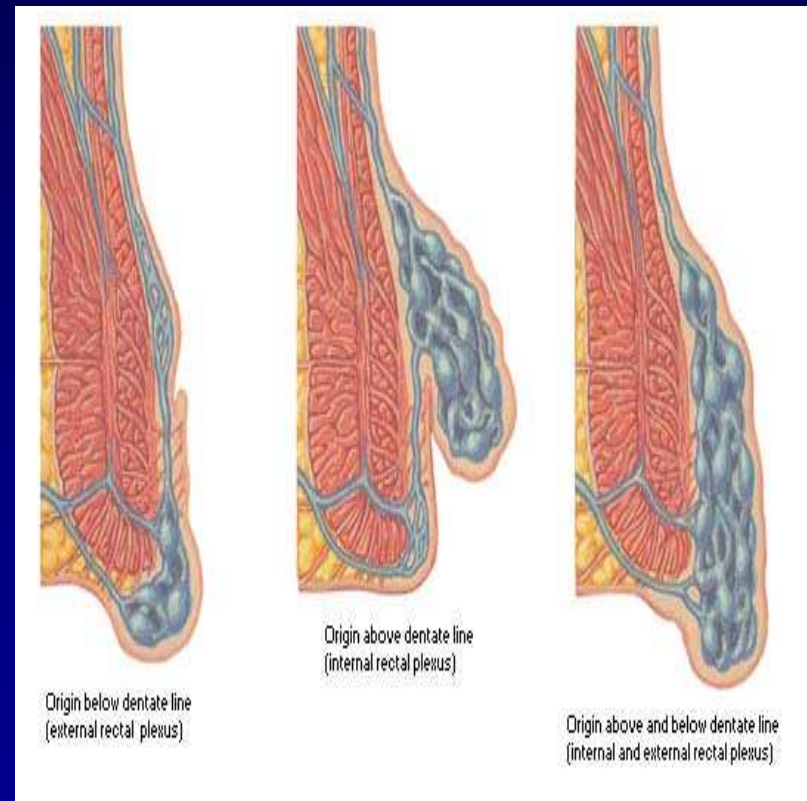
What next ?

Cause for bleeding

- Haemorrhoids, anal fissure
- Rectal polyps
- Anal canal cancer, Colorectal cancer
- Solitary rectal ulcer
- Colitis

Grade of piles

- Grade - I : bleeds
- Grade - II : bleed and prolapse, spontaneous reduction
- Grade - III : bleeds, prolapse manual reduction
- Grade - IV : non reducible.



Treatment

- Medical therapy- 60% reassurance, diet.
- Non-operative techniques
 - Sclerotherapy
 - Band Ligation
 - Photocoagulation
 - Cryofreeze therapy
 - H.A.L.O therapy
- Operative techniques
 - Stapled haemorrhoidopexy
 - Closed haemorrhoidectomy
 - Open haemorrhoidectomy

Stapled haemorrhoidopexy



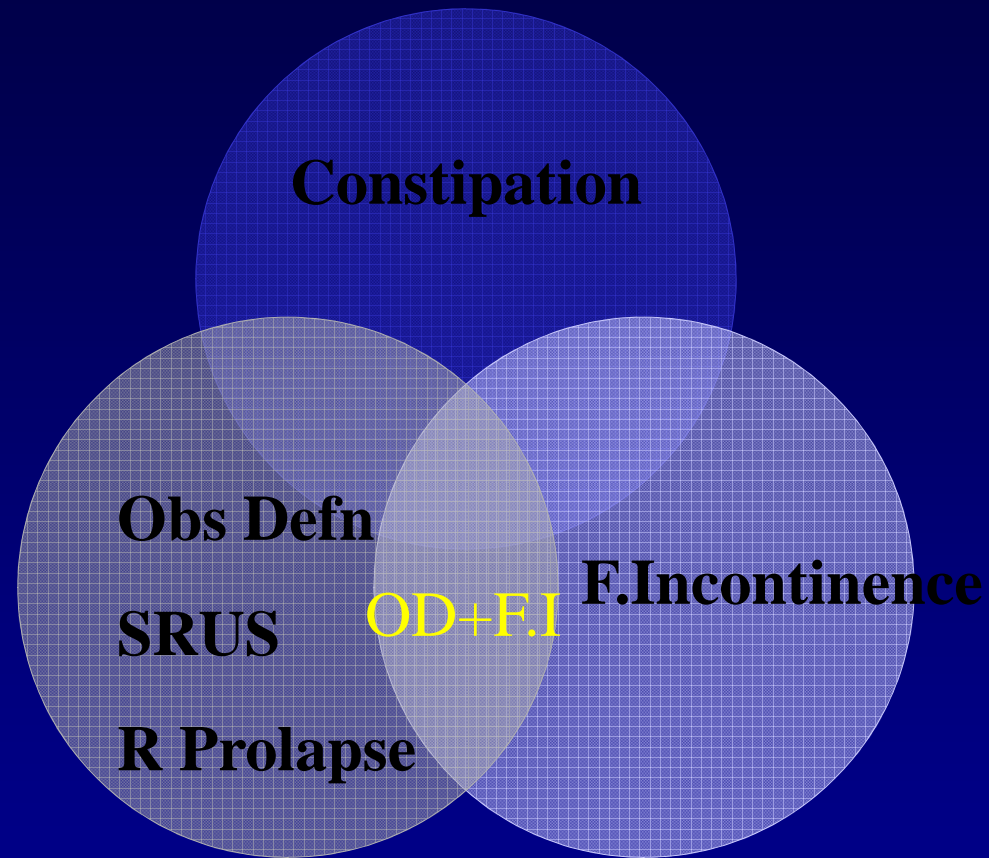
Advise on bleeding

- Not all Rectal bleeding is due to piles- warning sign
- Sclerotherapy +/- band ligation - (Grade 1 & 2).
- Surgical management- Grade-III/IV piles or failure of non-operative techniques.
- Stapled haemorrhoidectomy - Grade-2-4 piles- less painful option.

Surgery for colitis

- Restorative procto-colectomy with ileo-anal pouch
- Pan-proctocolectomy
- Total Colectomy as emergency

Functional Bowel Disorders



Benefits of functional assessment

- Socially embarrassing
- Neglected population
- Ability to offer some help to a proportion of patients

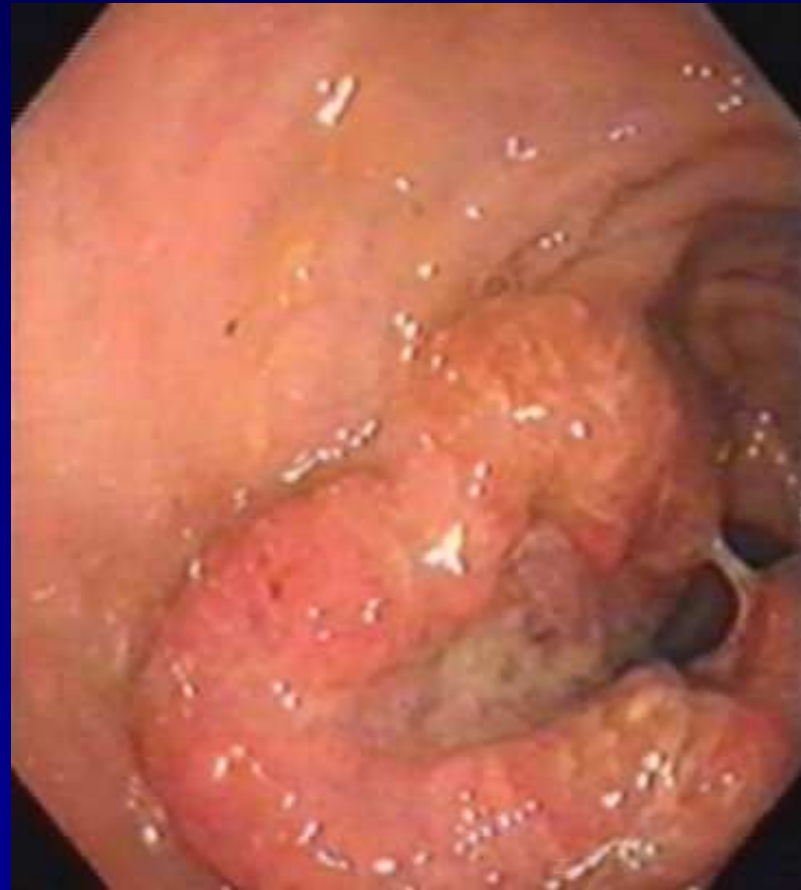
Functional Surgery

- ACE- Antegrade colonic enema for constipation/ faecal incontinence
- Sphincter repair -faecal incontinence
- Total colectomy- constipation
- Delorme's –rectal prolapse
- Rectopexy



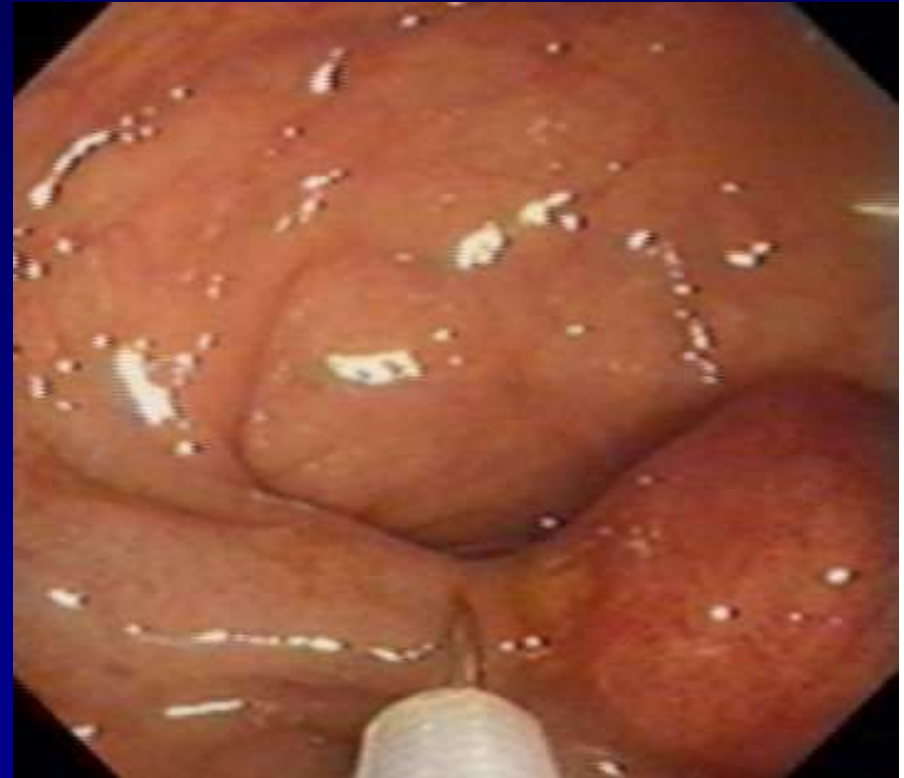
Colorectal Cancer

- Third most common cancer
- 30,000 new cases/year England and Wales
- 45% five year survival



NHS Bowel Cancer Programme

- Feb 2003
 - 1. National screening programme
 - 2. Streamlining care of symptomatic patients
 - 3. Improving treatment

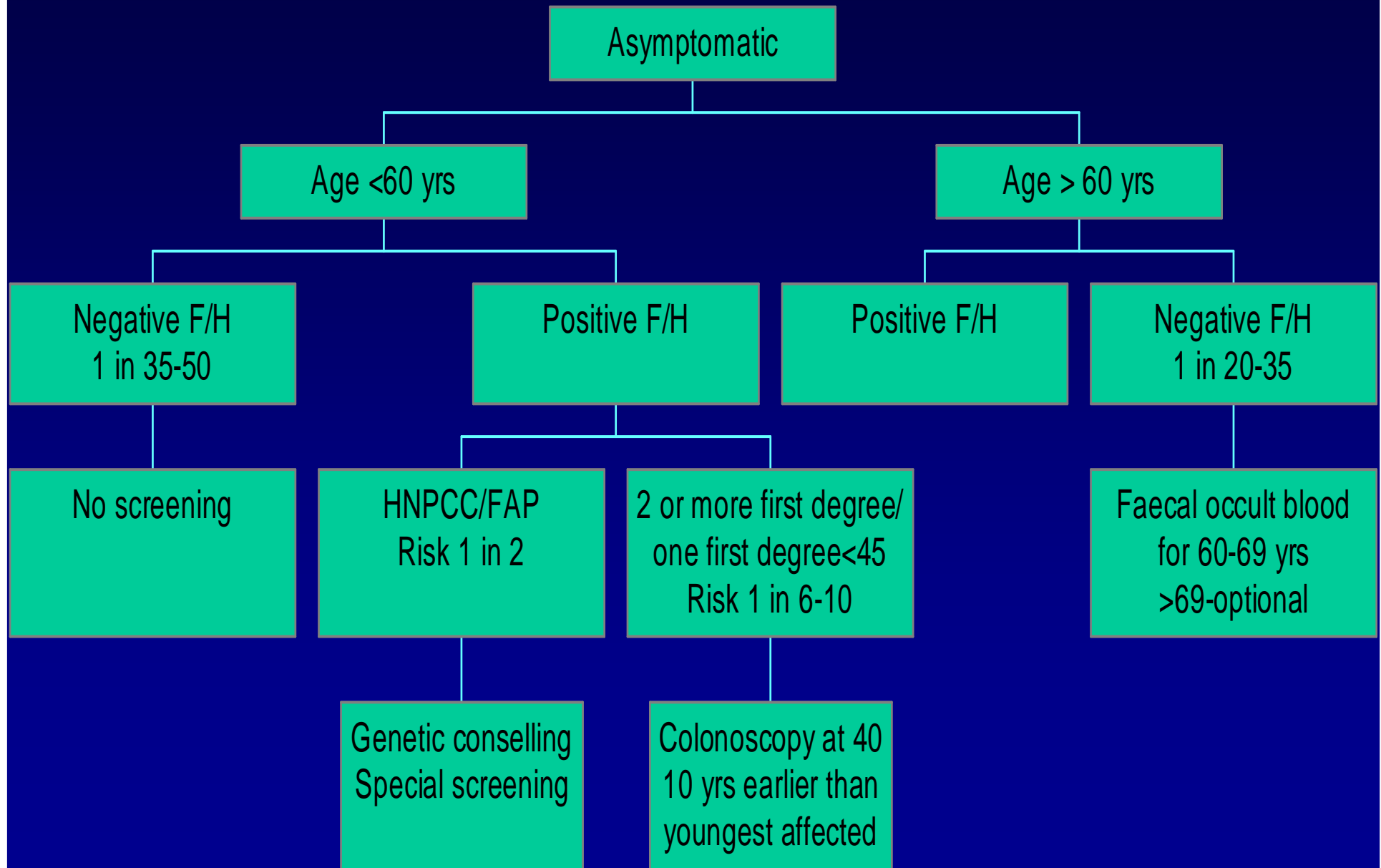


Screening modalities

Screening - Faecal occult blood/ Flexible sigmoidoscopy/Barium enema /Colonoscopy/Virtual Colonoscopy

National screening programme- Faecal occult blood-60-69 yrs old- from April 2006

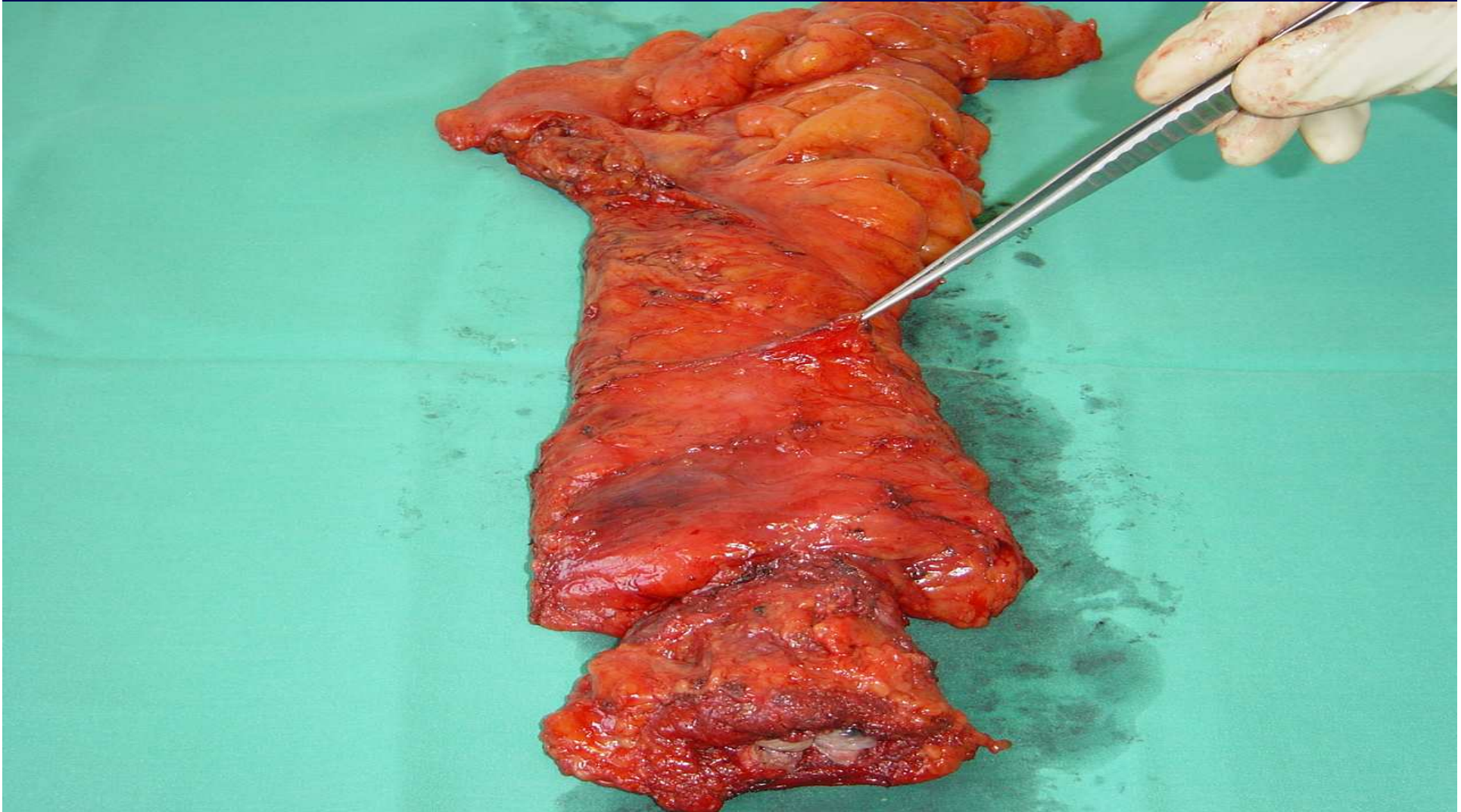
Algorithm for screening Colorectal cancer



Specialist role

- MDT role / Selecting patients for neo-adjuvant therapy (Radiologist/oncologist)
- Optimising patients before surgery (teamwork)
- TME for lower 2/3 rectal cancers

TME –Rectal cancer



Specialist role

- Reducing stoma rates to < 40%
- Emergency surgery daytime-stents in obstructed cancers
- Overall curative resection rate of 60%

Summary

- Hernia
- Gall stones
- Piles
- Irritable bowel
- Colorectal cancer
 - ~ Role of screening
 - ~ Management
 - ~ Results
 - ~ Pt Survey