

Management of Rectal Bleeding in the Community: A Shared Care Approach



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Per Rectal Bleeding

- A common symptom encountered by primary care physicians
- Non-specific symptom
- Majority due to self-limiting benign anorectal conditions that can be dealt with by primary care physicians

Per Rectal Bleeding

- Selected patients require further investigation to exclude sinister colorectal pathology
 - Symptoms
 - Age of patient
 - Known risk factors

HKW Cluster – The Problem

- Long waiting time of Proctology Clinic
- High new case default rate
- Symptoms subsided upon assessment

Proposal

- A Public Private Partnership (PPP) project
 - Private practitioners in HKW region
 - Family medicine clinics in HKW region
 - Establish community-based proctology clinics
- Co-organized by the HKWC & HKU

Objective

- To improve the quality of proctology care in the community
- To ensure proper specialist referral
- To reduce the new case waiting time of the HKWC Proctology Clinic

Project Characteristics

- Shared care partnership with primary care physicians in the HKW region
 - Patients with other colorectal pathology excluded will continue to be cared for by the primary care physicians

Project Characteristics

- Strong support by tertiary care provider
 - Exclusion of colorectal malignancy by endoscopy
 - Training of primary care physicians on non-surgical management of benign anorectal conditions
 - Provide surgical treatment for patients failing non-surgical treatment

Project Characteristics

- Well-defined triage criteria & referral protocols

Work Plan: Materials

- Questionnaire on clinical assessment of PR bleeding
- Management flow chart
- Referral guidelines & management protocols

Work Plan: Training

Certificate course with theory & practicum

- Lectures: diagnosis & management
- Demonstration & hands-on practice: proctoscopy; haemorrhoids banding & injection
- Clinical attachment

Work Plan: Community Education

- Promote community colorectal health
- In partnership with district councils during Health Festival

Outline of PR Bleeding Questionnaire:

History

- Age of patient: < 40 or ≥ 40
- High risk PR bleeding symptoms*
 - Altered blood or blood mixed with stool
 - Persistent change in bowel habit (\uparrow frequency and/or looser stool)
- Significant recent weight loss*
- Personal history of colorectal cancer, polyps or inflammatory bowel disease*
- Significant family history*

* - high risk features

Outline of PR Bleeding Questionnaire: Physical Examination

- Abdominal examination: definite palpable abdominal mass*
- Digital rectal examination: definite palpable rectal mass*
- Proctoscopy: haemorrhoids or anal fissure

* - *high risk features*

Management Flow Chart

Primary Care Physicians: Patient with PRB

PRB Questionnaire

High Risk Features

No High Risk Features

Colorectal Clinic

Age \geq 40

Age $<$ 40

Further Investigation

Direct Access F.S

Non-Surg Px

Surgical Treatment

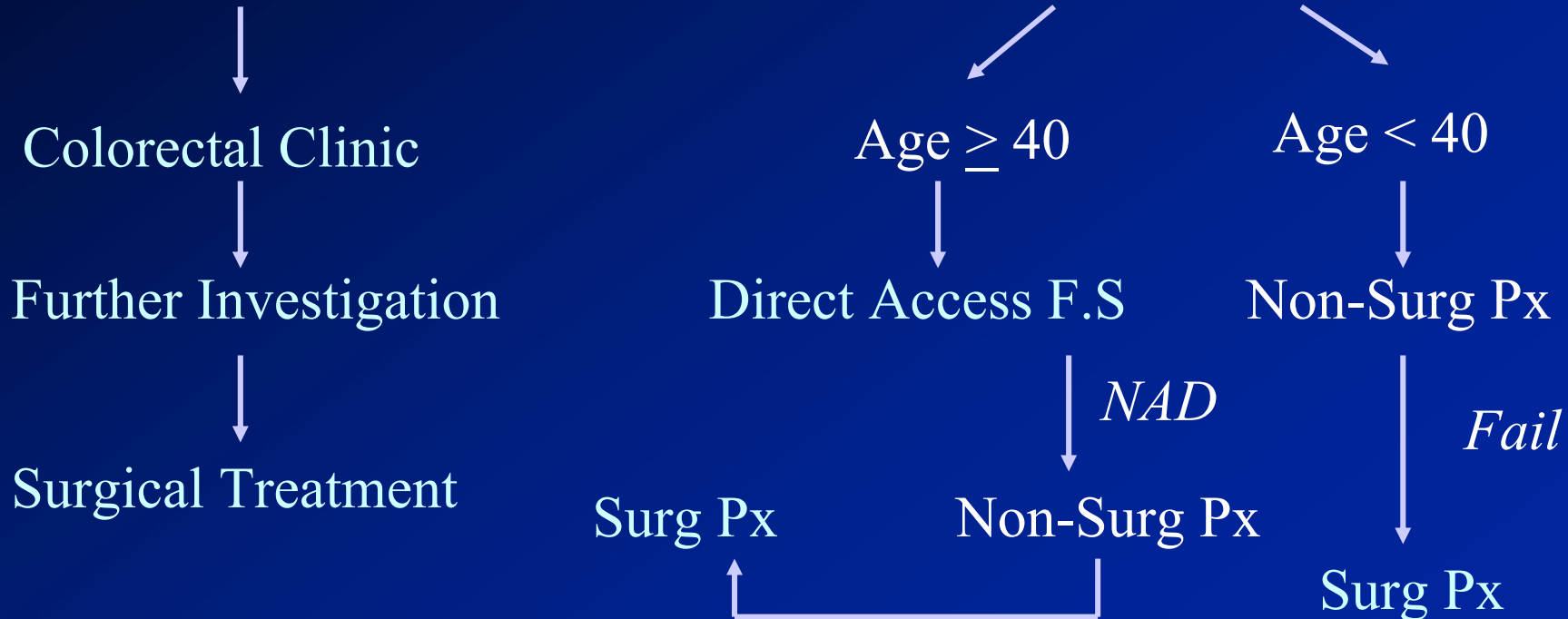
Surg Px

Non-Surg Px

Surg Px

Fail: refer to Proctology Clinic

Fail



Guidelines

- Referral guidelines for early Colorectal Clinic assessment for suspected colorectal malignancy
- Referral guidelines for Direct Access Flexible Sigmoidoscopy
- Criteria for initial conservative treatment without specialist referrals
- Referral criteria for consideration of surgical treatment for haemorrhoids & anal fissure

Management Protocols

- Medical treatment protocol for haemorrhoids
- Medical treatment protocol for anal fissure

Implementation Schedule

Forum with family physicians	2Q2005
Use of questionnaire	3Q2005
Certificate course starts	4Q2005
Health Festival: Central & Western District Council	
Audit usage & effect of questionnaire	1Q2006
Health Festival: Southern District Council	
Proctology Clinic waiting time shortened by 10-15%	3Q2006

Referral Guidelines:

Early Colorectal Clinic Referral

Patient with PRB

- Definite palpable abdominal mass
- Definite palpable rectal mass
- Persistent change of bowel habit > 6 weeks
- Iron deficiency anaemia without obvious cause
- Definite diagnosis of CRC by investigations
- Personal history of CRC, polyp & IBD
- Significant weight loss
- Significant family history of CRC

Referral Guidelines: Direct Access Sigmoidoscopy

PRB & age over 40

- Anorectal symptoms
- No persistent change of bowel habit
- No anaemia
- No definite palpable abdominal mass
- No definite palpable rectal mass

Criteria for Conservative Treatment Without Specialist Referral

PRB & age < 40

- Anorectal symptoms
- No persistent change of bowel habit
- No anaemia
- No definite palpable abdominal mass
- No definite palpable rectal mass
- No significant family history of CRC
- Anal fissure or haemorrhoids on examination

Non-Surgical Treatment of Haemorrhoids

- Dietary: ↑ fluid & fibre
- Medication
 - Stool softener
 - Bulk forming agent
 - Topical agent
- Office treatment
 - Injection therapy
 - Rubber band ligation

Referral Criteria:

Surgical Treatment of Haemorrhoids

- Anaemia due to bleeding haemorrhoids
- Persistent significant bleeding after two attempts of rubber band ligation within 12 months

Treatment of Anal Fissure

- Medical treatment
 - Dietary: ↑ fluid & fibre
 - Stool softener
 - Bulk forming agent
 - Topical analgesic
 - Topical ointment & bath
- Surgical treatment of chronic fissure: failure to heal after 8 weeks of medical treatment