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
HKGW 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 (↑ 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

Colorectal Clinic

Further Investigation

Surgical Treatment

No High Risk Features

Age ≥ 40

Direct Access F.S

Surg Px

Fail

Age < 40

Non-Surg Px

Surg Px

Fail

Fail: refer to Proctology Clinic

NAD
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