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INFORMATION ABOUT

PERIANAL DISEASES

WHAT WHY
WILL HOW OR
IF WHEN

IN ASSOCIATION WITH:

core
FIGHTING GUT AND LIVER DISEASE

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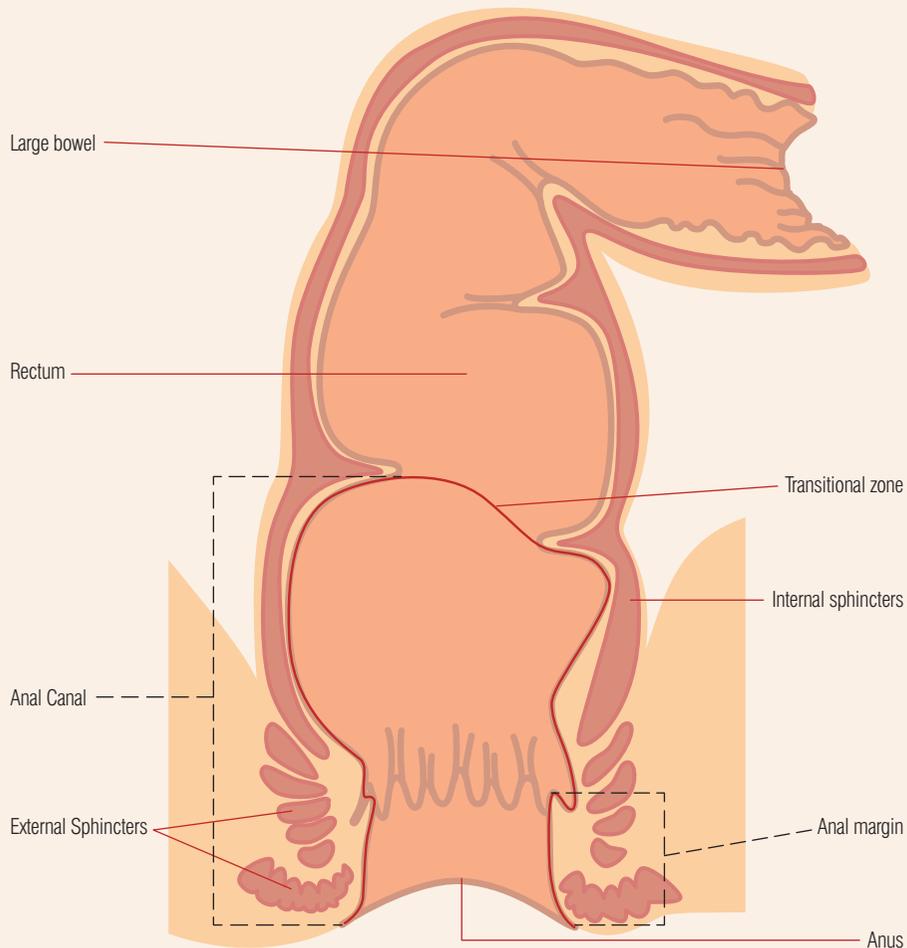
PERIANAL DISEASES

These are a group of conditions that affect the rectum and anus (the end of the bowel where it meets the skin at the bottom) and the skin surrounding the anus.

They can be broadly grouped into four different categories based on symptoms:

- Itch
- Pain
- Bleeding (bright red blood)
- A lump

A doctor can readily explain most of these symptoms after a careful detailed history and examination. In unusual circumstances more invasive tests such as examination of the inside of the bowel (endoscopy) may be required.



WHAT CAUSES AN ITCHY BOTTOM?

Also known as pruritus ani, itchy bottom is common and can be socially embarrassing. It is usually related to too much moisture such as sweat, irritation through scratching or chemical soaps (which leads to further scratching) or infection (such as worms).

Washing the area with warm water, using moisturising creams and avoiding harsh soaps is helpful. If moisture is a problem a tissue pad between the buttocks may help and if the skin is dry, certain moisturising creams could be tried. Carrying a pack of moisturised wipes to clean the anus without scrubbing may be useful.

Avoid rubbing too hard when using a towel, and consider cautiously using a hair dryer on a low setting to dry yourself after washing.

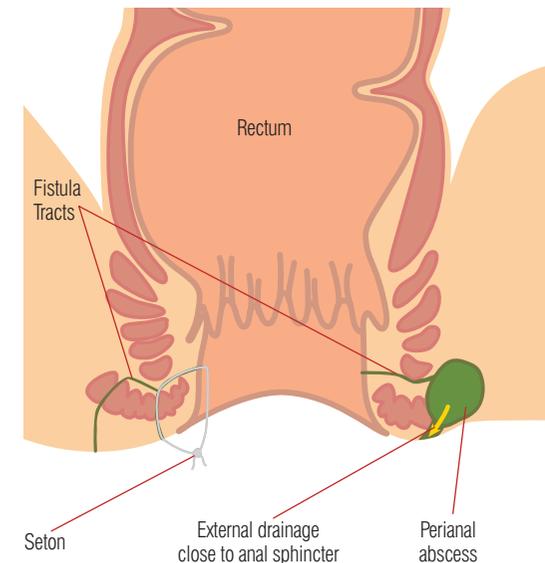
If simple measures are ineffective your doctor should be consulted as antifungal or other creams may be indicated or other diagnoses considered.

- Anal fissures² are small tears in the lining of the anal canal that can be both painful (especially when passing hard stools) and may bleed, leading to bright blood on the toilet paper after wiping. Fissures usually cause problems in people of 20-40 years of age². The pain may continue after opening the bowels as the anal muscles go into spasm. Again, a cream to help relax the anus muscles may help. Notably, avoidance of constipation is crucial through dietary changes or medicines.
- Abscesses³ are collections of pus around the bottom and are felt as very tender areas, which may be red, hot and swollen. People with abscesses may feel unwell with fevers and chills or the problem may be localised to the bottom. Sometimes these abscesses 'burst' and a smelly, sticky liquid may leak with relief of pain. Otherwise abscesses need to be incised and drained as soon as possible to relieve the pressure caused by pus. In some circumstances they may continue draining, suggesting they have formed a track or passage to the bowel called a fistula.

All abscesses and persistent anal discharge should be seen by a doctor.

WHAT CAUSES PAIN IN THE BOTTOM?

- Pain around the anus is often associated with the passage of stools; either during or afterward. It is often related to being constipated.
- Proctalgia fugax¹ is an intense, self-limited pain lasting a few seconds felt in the area between the anus and the genitals. It often comes on at night. The cause is unknown, but the condition is harmless and management is generally aimed at relieving symptoms. Avoidance of constipation with a high fibre diet and drinking adequate amounts of water may help. Your doctor may prescribe an anaesthetic cream, which can relax the muscles around the anus, but may also cause headaches.



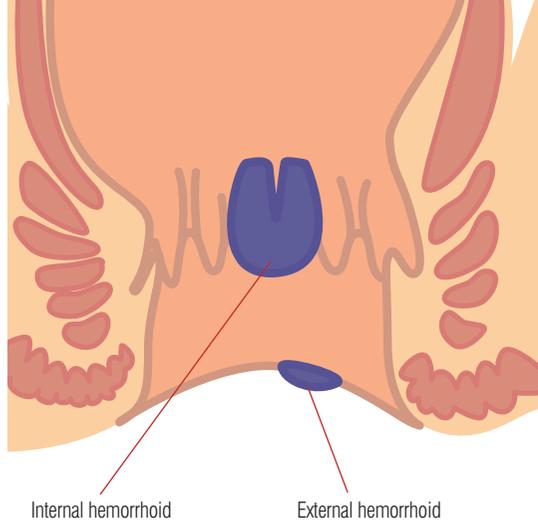
WHAT ARE THE CAUSES OF BRIGHT RED BLEEDING FROM THE BOTTOM?

There are many causes of bleeding from the bottom, most of which are harmless. In some cases bleeding can be due to tumours or inflammation in the bowel, which if acted upon early have a better outcome. **Therefore all bleeding from the bottom should be reported to a doctor.**

As mentioned above, anal fissures can lead to bright blood on the toilet paper, usually associated with pain. Haemorrhoids are the commonest cause of bright red bleeding from the bottom⁴ related to veins that line the anal canal stretching under pressure and bleeding. Uncomplicated haemorrhoids usually cause no symptoms. Sometime they can protrude out of the anus (prolapse) and may be felt as a small lump, which can be tender to touch.

If haemorrhoids are painful it is likely that a clot has formed in the vein but other causes of anal pain (see above) are possible and medical advice should be sought. The most common symptom is bright bleeding that is on the outside of the stool, on the toilet bowl and on the paper.

About half the population have haemorrhoids by the age of 50⁵. They are very common among pregnant women and are also often related to excessive straining when passing stools. Treatment begins with increasing intake of water and fibre to soften the stool. If such conservative methods are unhelpful, a referral to a specialist may be needed. Surgeons can treat haemorrhoids by snaring them with rubber bands (banding), injecting chemicals into them to cause them to shrivel up and disappear (sclerotherapy), and as a last resort, removing them during an operation (haemorrhoidectomy).



WHAT ARE CAUSES OF LUMPS AROUND THE BOTTOM?

- Most lumps around the bottom are skin tags and warts. Painful and bleeding lumps have been described above. Rarely, lumps around the bottom are tumours, but a doctor should examine all lumps of this kind. Skin tags are painless fleshy folds of skin found in the anal area. They are benign and in most cases require no treatment. Sometimes they can reflect an underlying problem such as anal fissure or inflammatory bowel disease. In those situations, it is likely other symptoms would draw your attention to the underlying problem (bleeding, change in bowel habit, pain or frequency).
- Anal warts are caused by a virus, which is usually passed on through sexual contact. These can be treated at home with a cream, called imiquimod, which promotes the body's natural immune function to kill off the virus. In some cases they may need to be treated in a specialist clinic.
- Anal cancer is rare and is 20–30 times⁶ less common than colorectal cancer. It may present with itch, pain, bleeding or a lump that doesn't respond to the standard treatments. Diagnosis can be made by taking some tissue (biopsy) and examining it under a microscope. Treatment is likely to be with chemoradiotherapy.

WHAT EXAMINATION IS LIKELY TO TAKE PLACE AT THE DOCTOR'S SURGERY?

Having asked you about the nature of the problem and taken down the details you've described, the doctor is likely to want to examine the area. This usually involves exposing the anus area and having the patient lie on the left hand side on the examining couch. This can be embarrassing for some patients but doctors are used to dealing with such problems and it is an essential step in making the correct diagnosis and instituting treatment. A chaperone can be provided for patients that request.

An inspection of the anus will then be made by parting the buttocks and the doctor may ask you to bear down to mimic straining as this may cause a haemorrhoid to become visible. Following inspection, a lubricated and gloved finger will usually be inserted into the rectum (known as a digital rectal examination) and the entire rectal wall will be examined to feel for lumps and check for blood. This should only take a few minutes and shouldn't be too painful.

Some doctors will then carry out a proctoscopy or rigid sigmoidoscopy. This involves inserting an illuminated hollow plastic tube into the rectum through which air can be blown to distend the bowel and increase the amount of bowel lining which is visible. Assessment can then be made of the lining of the bowel and a search for lumps and haemorrhoids can be carried out. Many GPs will need to make a referral to hospital for these procedures to be carried out.

WHAT OTHER TESTS MIGHT BE ORDERED?

Tests to examine the bowel further up may be ordered if an explanation for the symptoms is not found in the surgery. These include flexible sigmoidoscopy and colonoscopy, which are normally performed as a day case in hospital. They usually involve light sedation and then the insertion of a fibre-optic camera, in the form of a long tube into the rectum. It can then be passed a variable distance into the large bowel and biopsies can be taken.

Special X-rays such as Barium enema or CT scans may be requested.

WHEN IS URGENT MEDICAL HELP REQUIRED?

It is often impossible to determine the nature of the problem from the symptoms alone so all cases of bleeding from the bottom, new pain and lumps should be notified to your doctor for assessment. In most cases it is possible for the GP to provide reassurance that the problem is harmless, but in a small minority of patients in whom the symptoms or signs could represent a more serious problem, an urgent referral to a bowel specialist will be required.

YOU CAN HELP COMBAT GUT AND LIVER DISEASE BY MAKING A DONATION.

Conditions that affect the gut, the liver and the pancreas (collectively known as digestive diseases) are widespread but little known. They can cause significant health problems for people who live with them and, sadly, they are a factor in 1 in 8 UK deaths. Core is the only national charity working to change this by fighting all digestive diseases. As a charity, Core:

- Supports important medical research that looks for cures and for ways of improving the lives of patients;
- Provides evidence-based information that enables patients and families to understand and control their condition;
- Works to raise awareness of these conditions, their symptoms and impact.

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You can find more information about digestive diseases and about Core's work by visiting our website at **www.corecharity.org.uk** or by calling **020 7486 0341** during office hours.

REFERENCES:

1. www.nhs.uk/conditions/anal-pain/Pages/Introduction.aspx
2. www.nhs.uk/Conditions/Anal-fissure/Pages/Introduction.aspx
3. Perianal Abscess/Fistula Disease Mark H. Whiteford, 2007
4. www.nhs.uk/Conditions/Haemorrhoids/Pages/What-happens-page.aspx
5. Surgical Management of Hemorrhoids S. P. Agbo 2011
6. Data were provided by the Office for National Statistics on request, June 2012. Similar data can be found here: <http://www.ons.gov.uk/ons/search/index.html?newquery=cancer+registrations>

This leaflet was published by Core in 2014 and will be reviewed during 2016. If you are reading this after 2016 some of the information may be out of date. This leaflet was written under the direction of our Medical Director and has been subject to both lay and professional review.

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Please contact us if you believe any information in this leaflet is in error.

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