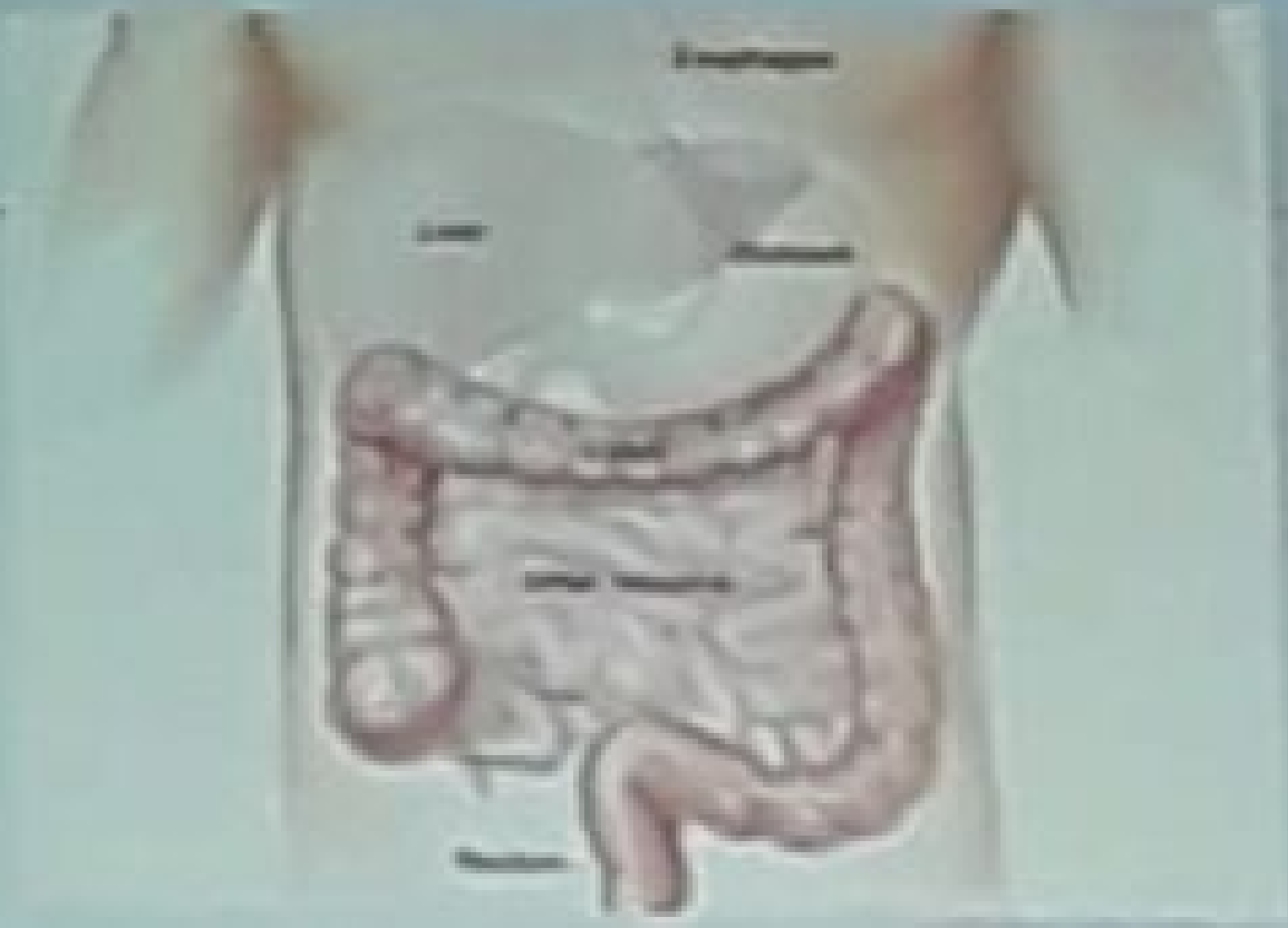
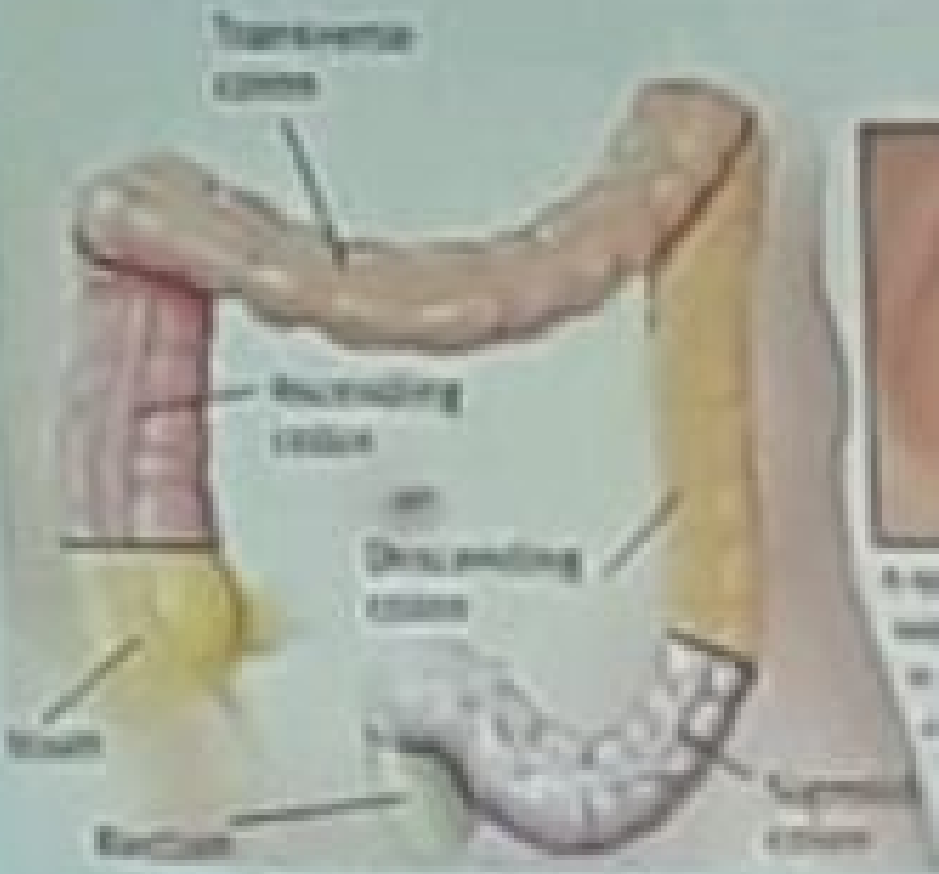


INTRODUCTION TO
COLORECTAL SURGERY
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DEFINITION AND ANATOMY

- **COLORECTUM** derived from the words colon and rectum. The part of the GIT running from the caecum to the rectum and anus





A genital wart is a small, raised, yellowish lesion that can be a sign of a sexually transmitted infection (STI).

SPECTRUM OF DISEASES

- **BENIGN DISEASES**

Benign means non cancerous

- **MALIGNANT DISEASES**

Malignant means cancerous

BENIGN DISEASES

- Benign colorectal polyps

About half of adults over the age of 40 develop lumps of tissue called polyps that grow from the inner lining (mucosa) of the colon or rectum. Polyps may look like a mushroom with a head and a stalk (pedunculated polyps).

- They may also be flat and grow along the inner surface of the wall of the colon or rectum (sessile polyps).
- inflammatory polyps (pseudopolyp)
 - usually associated with chronic inflammatory bowel diseases such as Crohn's disease, ulcerative colitis or parasitic colitis
- hamartomas
 - contain normal cells that have an abnormal arrangement



- juvenile polyps

- also called retention polyps that contain many mucous glands
- usually occur as a single large polyp
- mostly found in children under 10 years of age

- lipomas

- develop within the fat cells in the colon

- lymphoid polyps

- contain lymphoid cells, a type of white blood cell



Other benign conditions include:

I. Haemorrhoids

II. Anal fissures

III. Inflammatory conditions e.g.

Ulcerative colitis, Crohn's disease

IV. diverticulitis




MALIGNANT CONDITIONS

- Mainly cancers involving the colon, the rectum and the anus.


DIAGNOSTICS

- This is based on:
- Clinical assessment which comprises of history and physical examination. For colorectal conditions the common features to look for in the history include:
 1. Rectal bleeding
 2. Dyspeptic symptoms
 3. Change in bowel habits
 4. Weight changes
 5. Tenesmus
 6. Abdominal pain/ discomfort
 7. Constitutional symptoms like malaise, dizziness



ON PHYSICAL EXAMINATION LOOK FOR:

- ✓ pallor, jaundice and weight loss on general examination
- ✓ Findings on abdominal examination including a rectal examination
- Investigations which are divided as:
 - Laboratory comprising of blood tests TBC, UEC, LFTs, tumour markers where appropriate, stool tests as appropriate

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- Imaging including ultrasonography, CT scans, MRI, as appropriate
 - More specific investigations including sigmoidoscopy, colonoscopy.
 - Tissue diagnosis which involves taking a biopsy for histological diagnosis



PREOPERATIVE MANAGEMENT

- CLINICAL DIAGNOSIS AS ABOVE
- INVESTIGATIONS AS ABOVE
- DECIDING THE DEFINITIVE TREATMENT/PROCEDURE
- CONSENT FROM THE PATIENT OR RELATIVE
- SCHEDULING DATE AND TIME OF TREATMENT/PROCEDURE

SURGERY

- This is varied and depends on the diagnosis



POSTOPERATIVE MANAGEMENT

■ GENERAL PRINCIPLES ARE:

- Pain control
- Appropriate antibiotic cover
- Prevention of thromboembolic phenomena
- Nutritional care
- Fluid and electrolyte management
- Followup and rehabilitation