irritation in primary care discusses the common types of presentations of rectal bleeding and perianal pain.

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Haemorrhoids

Haemorrhoids (Fig 1) affect 50 per cent of the working population and present with rectal bleeding and prolapse. Bleeding over the age of 35 requires flexible sigmoidoscopy colonoscopy, over the age of 40.

Conservative management involves injection sclerotherapy or banding. Conventional or stapled haemorrhoidectomy and haemorrhoidal artery ligation, have an established but low morbidity and are reserved for refractory symptoms.

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Anal fissures

Patients will present with perianal pain, bleeding and constipation with 90 per cent arising at the posterior anal verge.

Pruritis ani

This is a challenging condition with no obvious aetiology. Conservative measures include avoidance of perfumed soaps, gels and toilet roll (substituted with wet wipes) and the regular application of a barrier cream; e.g. Sooderm or Epaderm. Colonoscopy should be considered in the presence of bleeding or diarrhoea, prior to dermatology referral.

Rectal prolapse

Common in the elderly female population. Laparoscopic surgery can be considered; however, perineal procedures (e.g. Dejeneur’s or perineal recto-sigmoidectomy (Abderane’s)) are undertaken under locoregional anaesthesia and are very well tolerated in elderly high-risk patients and associated with excellent outcomes.

Fecal incontinence

There are two main types: passive and urge. The latter is common and associated with previous obstetric trauma, often years prior, combined with passive dilatation of the pelvic floor. Management involves biofeedback and physiotherapy to assess the anal sphincter integrity, having excluded systemic disease; e.g. thyrotoxicosis and proximal colonic pathology.

Surgery was previously indicated for isolated anterior sphincter defects. Long-term results are disappointing. More recently, biofeedback therapy or neuromodulation (tibial nerve stimulation) have been associated with encouraging results.

Rectal prolapse: there is a strong presence of these cases in the elderly female population

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