University of Vermont Health

UVM Health Colorectal Surgery Referrals/Consult Guidance

All referrals must include the most recent visit note and imaging reports. Be sure imaging done outside UVMH is sent to UVMMC Film Library with reports.

Anal Fissure

Referrals accepted after the following has occurred:

- Physical exam/DRE performed to confirm diagnosis and rule out mass
- Patient has undergone a 6-week trial of conservative management (see below) after which the need for referral is re-evaluated
- Patient is interested in surgery

Anal Skin Tag

Referrals accepted for patients who are interested in surgery

Hemorrhoids, acute non-thrombosed

Referrals accepted after the following has occurred:

- Physical exam/DRE performed to confirm diagnosis and rule out mass
- Less than 48 hours since symptom onset
- Patient is interested in surgery

If more than 48 hours since symptoms onset, treat with conservative management (see below) and reassess need for referral.

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Hemorrhoids, bleeding or painful

Referrals accepted after the following has occurred:

- Physical exam/DRE performed to confirm diagnosis and rule out mass
- Patient has undergone a 3-month trial of conservative management (see below) after which the need for referral is re-evaluated
- Patient is interested in surgery

Rectal bleeding

Referrals accepted *after* a colonoscopy is performed to confirm diagnosis and assess for malignancy

Conservative Management of Anorectal Disorders

The initial treatment for hemorrhoids and anal fissures is non-surgical with a goal of making stools soft and improving toileting habits.

Stools are made softer by having adequate **dietary fiber** and **water.**

Bananas, rice, and cheese can cause constipation. Patients should drink water (at least 2 liters) throughout the day.

Patients can also consider starting **fiber supplementation: Metamucil (psyllium) and Benefiber (wheat dextran)** are both options. Benefiber is odorless and tasteless. If either of these creates bloating or cramping, try a synthetic fiber supplement (Beneful, Citrucel, FiberCon etc.). **Miralax (polyethylene glycol)** also can be used.

Symptomatic hemorrhoids are the result of increased pelvic pressure. In addition to efforts to soften the stool, patients should be **counseled on avoiding prolonged time (>5 min at a time) on the toilet** and **straining**.

Anal fissures are the result of hard stools and a hypertonic anal sphincter muscle. In addition to efforts to soften the stool, patients with anal fissure should be prescribed **nifedipine ointment 0.2%**, a chocolate chip sized amount applied to the anus **BID for six weeks**. This is a medication that must come from a compounding pharmacy.