

Keypoint lasting colorectal visit. A report on 819 consecutive outpatients

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To the Editor,

The key to a successful colorectal visit is to understand the patient's true motivation for sitting in front of you. This topic has been discussed in the literature (1). A percentage of patients ask to be reassured about the nature of their symptoms, without a treatment. On the other hand, another percentage of patients requiring treatment ask to eliminate just one main distressing symptom, despite several symptoms complaints. The real incidence of these two groups of patients is, at present, not fully established. We reviewed the database of 819 consecutive patients (435 males: 53.1%; mean age 49.2 years, range 14-93), with ethical committee approval, undergoing proctological visits at Colorectal Out-Patient Clinic of Azienda Ospedaliero-Universitaria of Parma, Italy, between January 2014 and December 2015. The visit form proposed in the Italian version included the two following questions: "The main motivation of the present visit is to try to cure symptom or to provide information to avoid dangerous pathologies, i.e. neoplasia?"; additionally, referred to the patients who required treatment and complained of more than one symptom the question was: "I can give you a tablet removing immediately just one of your symptoms: would you be happy to eliminate just one symptom and which one?". Figure 1 summarises the results. One hundred and forty-seven (18%) patients asked just to know the cause of the symptoms, being the distribution of anal symptoms as follows: bleeding, the most frequent referred symptom: 70 out

of 147 (48%), perianal prolapse/lump 17%, pain 11%, distress lasting evacuation 7%, soreness 6%, itchiness 4.5%, not specific anal discomfort 2.7%, constipation 1.3), mucorrhea/soilage 1.3%, perianal discharge 1.3%. In front of this spectrum of symptoms, the most common diagnosis was haemorrhoids (51%). In the group of patients requiring, a treatment, 283 (42%) complained of one single symptom. Conversely, 389 (58%) patients complained of more than one symptom (mean 2.7; range 2-8). In this group, the questionnaire identified 79 patients (20%) requiring curing just a single symptom perceived as the most noising one. The main stressing symptom was perianal prolapse/lump being referred from 21 out of 79 patients (26%). The other symptoms were pain (18%), bleeding (14%), urgency/soilage (14%), soreness (7%), distress lasting evacuation (7%), mucorrhea (5%), itchiness (4%), anal sex discomfort (2%), abdominal pain/distension (2%), tenesmus (1%).

The main goal of a colorectal visit to help patients is to understand the real motivation for the request for the consultation (2). There are two main situations why the patient undergoes a colorectal visit. At the first, the patient is worried and asks just to know the cause of the symptoms. The anus is the most hidden and difficult area of the body to be examined by the patient himself: this may increase his concern and anxiety in the presence of any anal symptoms. Furthermore, some patients may be reluctant to manifest their worry about cancer or diseases affecting their personal life. In the second situation, the patient asks to remove

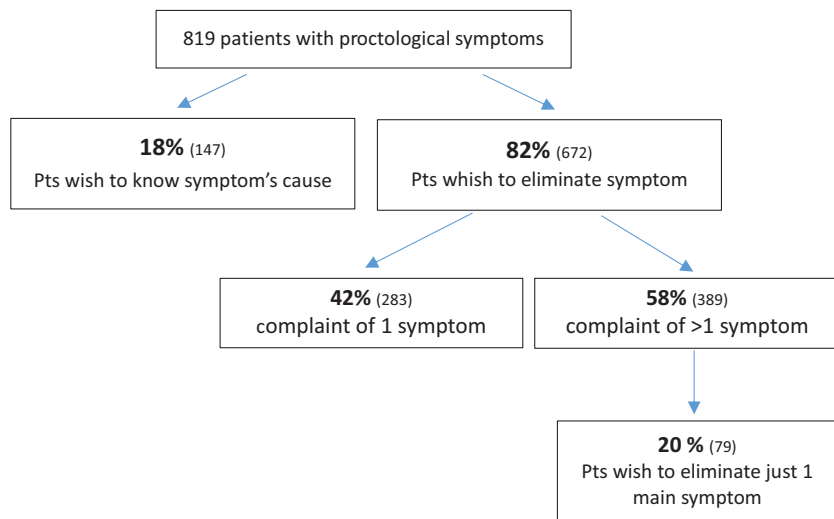


Figure 1. Symptomatic patients undergoing proctological visit.

disturbing symptoms. In the present experience, we report that two out of ten patients needed just to be reassured about the benign nature of symptoms: in these cases, after excluding a malignant disease, we must just clearly explain the harmless cause of symptoms without necessarily suggesting any treatments. The patients requiring treatment for a proctological disease may complain of several symptoms and the main disturb may be misunderstood by the clinician during the visit. Kraemer attempted to assess the different severity of the proctological symptoms (3). He suggested an interesting proctological visual symptom scale of four anal symptoms: bleeding, pain, itching and discharge. This scale is simple, but it includes only 4 symptoms without mention of prolapse. In our study, 58% of patients complained simultaneously of more than one symptom, up to twelve different symptoms overall were reported. In these patients, a simple straight question allowed us to identify a group of patients (20%) keen to eliminate just one main distressing symptom. In non-life-threatening diseases, the elimination of the most disturbing symptom should be our main goal without necessarily removing the disease. It

is important to understand patients' priorities to fully satisfy their expectations. We like to stress that most colorectal surgical patients are "treated" in the operating room but are "cured" in outpatient clinics.

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