

Analysis of Role of Bowel Preparation in Colorectal Surgery

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ABSTRACT

Objective: An important goal of this study is analyzing bowel preparation's role in process of colorectal surgery among local population of Pakistan.

Study Design:

Place and Duration of Study: This study was conducted at the DHQ Teaching Hospital Gujranwala during January 2019 till June 2019.

Materials and Methods: Incidental colorectal cancer with minimal BRBPR, can be taken as minute quantity of RBCs in post wiping conditions or small quantity of blood drops in the post defecation conditions. There were small quantities of blood over the stool and they are also considered as minimal BRBPR. The blood that was mixed in stool was not considered as minimal BRBPR. All patients were interviewed and examined by a gastroenterologist.

Results: No effected person was with zero symptoms when he went to seek medical assistance. About 60% of total 81 person were experiencing rectal bleeding. Apart from rectal bleeding, the most common symptoms were reported by 20% or more of the sample, they were some changes in habits of bowels (65%), stress and fatigue (47%), painful conditions (35%), loss of weight (21%), and general type of indisposition (20%). There were some rare symptoms that were reported including feeling dizziness (13.2%), appetite loss or nausea (11.8%) and Temperature or fever (5.2%).

Conclusion: It is concluded effected person who were experiencing the situation of rectal bleeding were seen to be longer patient intervals while in contrast to it patients who were not suffering from rectal bleeding while controlling for the influence regarding possible or feasible confounders as well as other most common symptoms that were reported.

Key Words: Cancer, Surgery, Colorectal, Examined, Symptoms

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INTRODUCTION

Colorectal malignancy is the second commonest disease emerging on the planet. Colorectal malignancy can give a variety of manifestations and about 35 to 48% of the patients determined to have colorectal disease were encountering deaths of rectals. Despite the fact that the positive prescient estimation of the rectal seeping for the colorectal malignant growth is less than 3%, it is viewed as a dangerous alert manifestation inside people beyond 40 years old years¹. Then, most of people who experience rectal draining don't report it to their overall professional (GP).

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All the more shockingly, contemplates have indicated that particular colorectal disease effected persons, who were encountering deaths of rectal, postponed aid-chasing in more frequent manner as compared to effected patients who were not experiencing rectal draining².

The conceivable relationship in between the rectal draining & suffering patient deferral separates colorectal malignancy from most diversified and different diseases at place where the draining seems, by all accounts, to be related with a minute patient stretch. Consequently, that can be the basic that the components adding in this are deeply inspected and perceived³. It is verily accepted that uncovered relationship between the rectal draining and longer suffering patient spans can be a result of the patients crediting the rectal seeping for benevolent will cause, for example, hemorrhoids. Then, the after effects of 1 investigation of nearly 93 suffering patients who gave rectal seeping to GP recommended that a connection between the rectal type draining and the suffering patient span gave off an impression of being changed by close to home encounters⁴. Accordingly, that was discovered that those particular patients who were encountering rectal seeping previously and were

having experience that was known considerate rectal issues were lesser inclined for postponing help-chasing as compared to the individuals who never had the experience of rectal dying. An extent of suffering patients who were considering malignancy while encountering rectal draining isn't known⁵. The consequences of British populace based review have recommended that reaction to a potential disease side effect is controlled by an intricate transaction between level of malignancy mindfulness and passionate boundaries⁶. Consequently, around 94% of the members revealed that they would contact the specialist in under about fourteen days on the off chance that they encountered an unexplained dying, yet 37% of similar members detailed that stresses over what the specialist may discover would cause them to delay help-chasing⁷.

MATERIALS AND METHODS

This study took place in DHQ Teaching Hospital Gujranwala during January 2019 till June 2019. Coincidental colorectal malignancy with insignificant BRBPR, was characterized as modest quantities of red blood in the wake of cleaning or a couple of few blood drops of in the latrine bowl right after crap. Modest quantities of the blood that was on the outside of stool have been additionally viewed as negligible BRBPR, yet red blood that was mixed with stool was most probably not. All patients had been met and inspected by a gastroenterologist. As needs be, patients' educated through composed assent was gotten from every patient prior to setting meeting as per the systems of the nearby organizations. After clinical evaluation, all patients endured butt-centric assessment and computerized rectal audit. Endoscopy had been carried out by a specialist endoscopist that was available in suffering patients' right after the ingestion reached the quantity of 4-6 liters of the polyethylene glycol arrangement. Any of the unusual sore had been biopsied and was sent safely for the process of histology. IBD had been

analyzed dependent on the colonoscopy highlights & histopathological discoveries. Every one of those patients who are endured with helpless inside planning were booked for rehash colonoscopy and the consequences of an appropriate investigation are accounted for. Colonoscopy was enhanced with twofold difference barium douche if a colon was to be inspected to and that too at any rate a hepatic type flexure, however the cecum couldn't be in reach.

Statistical analysis: The complete data was thoroughly sampled & had entered into the process of SPSS worksheet for the sake of analysis. Alpha criterion was being set at value of 0.05. After construction of a 2x2 contingency table, chi-square in absence of Yates correction was found to be used to find out the association in between potential risk factors & cancer status.

RESULTS

None of the suffering patients were asymptomatic when they looked for clinical assistance, and a sum of 81 suffering patients out of them about 60 percent had encountered rectal seeping in between the patient stretch. Extra to rectal dying, the simply announced side effects, for example side effects detailed by 20% or a greater amount of an example, were the changes inside propensities (65 percent), weariness (47 percent), torment (35%), reduction of weight (21%), as well as a general incapacitation (20%). With the seldom detailed indications were unsteadiness (13.2%), absence of hunger/sickness 11.8 percent & temperature or fever (5.2 percent). A sum of 14 suffering patients that was 10 percent of all, had faced rectal seeping without co-event of any of the other five regularly detailed side effects. The middle patient spans in days are accounted for patients, who revealed changes in entrail propensities, weakness, torment, weight reduction, and general incapacitation either in blend with rectal draining or not in mix with this indication.

Table No.1: Median of the patient interval(days) for the 5 symptoms occurred in less than 20% of the sample

	Changes in bowel habits	Pain	Weight loss	Fatigue	General indisposition
Median (IQI) patient interval when the presented without rectal bleeding	16 (5-31) N=30 (22.1%)	14 (3-28) N=25 (18.4%)	18 (4-29) N=17 (12.5%)	17 (4-29) N=26 (19.1%)	10 (0-29) N=11 (8.1%)
Median (IQI) patient interval when they were presented together with rectal bleeding	61 (12-112) N=58 (42.6%)	31 (13-119) N=22 (16.2%)	38 (22-74) N=12 (8.8%)	34 (5-96) N=38 (27.9%)	31 (0-57) N=16 (11.8%)

DISCUSSION

Patients having rectal draining revealed a long patient stretches than patients who were not having rectal dying. The distinction in between groups was seen perfectly with the suffering patients who had to face rectal draining revealing a suffering patient time frame days & fifteen (15) days in the present patients who

were not experiencing rectal draining⁸. Considerations regarding malignancy weren't related with the suffering patient stretch & didn't go about as mediator on the connection between rectal draining and a longer patient spans, it is the relationship between the rectal draining and a longer patient stretches wasn't subject to whether the suffering patients answered to have the musings regarding disease in the span from 1st side effect for

clinical assistance looking for⁹. Be that as it may, more patients who were having rectal draining answered to have also been contemplating whether their symptom could had been because of disease during patient span than non-suffering patients who were without any rectal draining¹⁰.

Sensibly higher number of the members & use or utilization of a solid Danish register for ID of suffering patients are among the qualities of this investigation. The utilization of a dependable register made sure about that all episode colon malignancy and rectal type disease patients were seen welcome to take an interest. In any case, various impediments of the current investigation ought to likewise be noted¹¹. To start with, the moderately low cooperation rate on 42% may have impacted the generalizability of our outcomes.

The relationship in between rectal draining and a long patient stretches has additionally been also reported in past examination¹². The relationship between the rectal draining and more contemplations about disease seems to repudiate the supposition that longer patient span in patients with rectal draining should had been caused exclusively by doling out the side effect to kindhearted causes¹³. The aftereffects of the current examination may recommend that passionate obstructions, for example, humiliation about side effects and dread of symptomatic methods should be mulled over while tending to mediations pointed toward advancing ideal assistance looking for in patients with any conceivable malignancy indication¹⁴⁻¹⁵.

CONCLUSION

It is concluded effected person who were experiencing the situation of rectal bleeding were seen to be longer patient intervals while in contrast to it patients who were not suffering from rectal bleeding while controlling for the influence regarding possible or feasible confounders as well as other most common symptoms that were reported.

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REFERENCES

1. Riss S, Weiser FA, Schwameis K, Riss T, Mittlbock M, et al. The prevalence of hemorrhoids in adults. *Int J Colorectal Dis* 2012;27:215–220.

2. de Nooijer J, Lechner L, de Vries H. A qualitative study on detecting cancer symptoms and seeking medical help; an application of Andersen's model of total patient delay. *Patient Educ Couns* 2001;42:145–157.
3. Lund-Nielsen B, Midtgaard J, Rorth M, Gottrup F, Adamsen L. An avalanche of ignoring—a qualitative study of health care avoidance in women with malignant breast cancer wounds. *Cancer Nurs* 2011;34:277–285
4. Tromp DM, Brouha XD, de Leeuw JR, Hordijk GJ, Winnubst JA. Psychological factors and patient delay in patients with head and neck cancer. *Eur J Cancer* 2004;40:1509–1516.
5. Robb KA, Miles A, Campbell J, Evans P, Wardle J. Can cancer risk information raise awareness without increasing anxiety? A randomized trial. *Prev Med* 2006;43:187–190.
6. Svendsen RP, Stovring H, Hansen BL, Kragstrup J, Sondergaard J, et al. Prevalence of cancer alarm symptoms: a population-based cross-sectional study. *Scand J Prim Health Care* 2010;28:132–137.
7. Hamilton W, Sharp D. Diagnosis of colorectal cancer in primary care: the evidence base for guidelines. *Fam Pract* 2004;21:99–106.
8. Harris GJ, Simson JN. Causes of late diagnosis in cases of colorectal cancer seen in a district general hospital over a 2-year period. *Ann R Coll Surg Engl* 1998;80:246–248.
9. Kemppainen M, Raiha I, Rajala T, Sourander L. Delay in diagnosis of colorectal cancer in elderly patients. *Age Ageing* 1993;22:260–264.
10. Hansen HJ, Morsel-Carlsen L, Bulow S. Patients' perception of symptoms in colorectal cancer. A cause of delay in diagnosis and treatment. *Ugeskr Laeger* 1997;159:1941–1944.
11. Jansen JO, O'Kelly TJ, Krukowski ZH, Keenan RA. Right hemicolectomy: mechanical bowel preparation is not required. *J R Coll Surg Edinb* 2002;47(3):557–60.
12. Fa-Si-Oen P, Roumen R, Buitenweg J, van Velde de C, van Geldere D, Putter H, et al. Mechanical bowel preparation or not? Outcome of a multicenter, randomized trial in elective open colon surgery. *Dis Colon Rectum* 2005;48(8):1509–16.
13. Ram E, Sherman Y, Weil R, Vishne T, Kravarusic D, Dreznik Z. Is mechanical bowel preparation mandatory for elective colon surgery? A prospective randomised study. *Arch Surg* 2005;140(3):285–8.
14. Wille-Jorgensen P, Guenaga KF, Castro AA, Matos D. Clinical value of preoperative bowel cleansing in elective colorectal surgery: a systematic review. *Dis Colon Rectum* 2003;46(8):1013–20.
15. Memon MA, Devine J, Freeny J, From SG. Is mechanical bowel preparation really necessary for elective left sided colon and rectal surgery? *Int J Color Dis* 1997;12(5):298–302.