Summary: Strategies in proctology: From diagnosis to multidisciplinary management

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This proctology session summary emphasizes that symptoms are not diagnoses and that effective management requires treating mechanisms rather than test abnormalities through multidisciplinary collaboration.

KEY POINTS

- Rectal bleeding does not necessarily mean haemorrhoids, anal pain does not always mean anal fissure, and difficulty in evacuation does not necessarily mean an abnormality requiring surgery
- Careful history taking, clinical examination, and appropriate investigation are essential before reaching a diagnosis
- The same defecatory symptoms may arise from functional disorders, structural abnormalities, or a combination of both, requiring navigation between these possibilities
- Treatment should target mechanisms and the patient rather than test results alone
- Modern proctology depends on multidisciplinary expertise including gastroenterologists, colorectal surgeons, pelvic floor physiotherapists, and other specialists, with treatment options ranging from medication and biofeedback to surgery or no intervention
- The speaker states that the task is to connect diagnosis and patient priorities with the treatment most likely to help, positioning the team as the best specialty

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