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Summary

Panel discussion: Strategies in proctology: From diagnosis to multidisciplinary management

Postgraduate Teaching Programme Barcelona 2026 | Presentation

Surgery | Colorectal

October 18, 2026

Panel discussion addresses practical management of common anorectal conditions including botulinum toxin injection technique, thrombosed haemorrhoid management, diagnostic testing for defecation disorders, and pruritus ani evaluation.

KEY POINTS

- For anal fissure, speakers use botulinum toxin before escalating to surgery when diltiazem fails, with doses reported as 50–100 units injected into the internal anal sphincter, though one speaker noted the original trials used 30 units and effectiveness is similar to diltiazem ointment at approximately 60%.
- For levator ani syndrome, puborectalis botulinum toxin injection is used rarely by one speaker because it does not correct the underlying problem, with a systematic review showing high incontinence rates; the speaker recommends combining it with physiotherapy for short-term pain relief while correcting pelvic floor dynamics.
- Thrombectomy for perianal vein thrombosis is performed when the thrombus is superficial without much surrounding inflammation, typically within the first days; the anus heals well with minimal infection risk, and speakers recommend sitz baths or showering 4–6 times daily, barrier ointment, and avoiding toilet paper in favour of wet wipes or a cool hairdryer.
- For obstructed defecation, the speakers recommend starting with conservative measures including fibres, laxatives, and behavioural management before phenotyping with tests, bringing detailed anatomical assessment such as defecography later in the algorithm to ensure contemporaneous imaging for procedural planning if needed.
- The panel rejected choosing a single diagnostic test for dyssynergic defecation, stating that anorectal manometry and evacuation testing (balloon expulsion or defecography) assess different parameters and the London classification recommends not relying on one investigation alone.

– Pruritus ani requires a structured approach to identify the underlying cause: leakage (diarrhoea, keyhole deformity), haemorrhoids with mucus, evacuatory dysfunction, or primary dermatological conditions, rather than simply prescribing a steroid cream; perianal skincare leaflets are useful for multiple patient groups.

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