

# HEMORRHOIDS

## IRC Consultation



Patient Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Consult Date \_\_\_\_\_

Family Doctor \_\_\_\_\_

**Patient to fill out:** Please checkbox or fill in the blank.

### CURRENT SIGNS AND SYMPTOMS (check those that apply)

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Anal itching  | <input type="checkbox"/> Stool soiling  | <input type="checkbox"/> Bulging sensation in rectum | <input type="checkbox"/> Changes in BM consistency: <input type="checkbox"/> harder <input type="checkbox"/> softer |
| <input type="checkbox"/> Weight loss   | <input type="checkbox"/> Fever  | <input type="checkbox"/> Chills                      | <input type="checkbox"/> Sweats   |
| <input type="checkbox"/> Rectal Bleeding: <input type="checkbox"/> on toilet paper   | <input type="checkbox"/> with BM's  | 1. Onset of my symptoms were: _____                  |   |
| <input type="checkbox"/> Changes in frequency of BM's: <input type="checkbox"/> less <input type="checkbox"/> more   | 2. Have symptoms worsened recently? <input type="checkbox"/> Y <input type="checkbox"/> N |  |   |
| <input type="checkbox"/> Pain: <input type="checkbox"/> with BM's <input type="checkbox"/> between BM's <input type="checkbox"/> rectum <input type="checkbox"/> abdomen | 3. How often do you have your symptoms? _____   |  |   |
| 4. What do you do to alleviate symptoms? _____   |   |  |   |

### DO YOU HAVE A HISTORY OF THE FOLLOWING?

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Hemorrhoids        | <input type="checkbox"/> Colon Polyps      | <input type="checkbox"/> Rectal Cancer | <input type="checkbox"/> Ulcer  |
| <input type="checkbox"/> Diverticula        | <input type="checkbox"/> Esophageal Cancer | <input type="checkbox"/> Anal Fistula  | <input type="checkbox"/> At risk of HIV / Hepatitis ( <i>IV drug use, sexual exposure to someone with HIV / Hepatitis</i> ) |
| <input type="checkbox"/> Ulcerative Colitis | <input type="checkbox"/> Stomach Cancer    | <input type="checkbox"/> Anal Fissure  |   |
| <input type="checkbox"/> Crohn's Disease    | <input type="checkbox"/> Colon Cancer      | <input type="checkbox"/> Gastritis     |   |

### PREVIOUS STUDIES & PROCEDURES for the ABDOMEN / HEMORRHOIDS

Hemorrhoid Banding	Date _____	Who _____	Findings _____
Hemorrhoidectomy	Date _____	Who _____	Findings _____
Anoscopy	Date _____	Who _____	Findings _____
Sigmoidoscopy	Date _____	Who _____	Findings _____
Colonoscopy	Date _____	Who _____	Findings _____
Barium Enema	Date _____	Who _____	Findings _____

### DO YOU HAVE FAMILY MEMBERS THAT HAVE EXPERIENCED ANY OF THE FOLLOWING?

- |   |  |  |                                |
|---|--|--|--------------------------------|
| <input type="checkbox"/> Hemorrhoids        | <input type="checkbox"/> Colon Polyps      | <input type="checkbox"/> Rectal Cancer | <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> Diverticula        | <input type="checkbox"/> Esophageal Cancer | <input type="checkbox"/> Anal Fistula  | Other _____                    |
| <input type="checkbox"/> Ulcerative Colitis | <input type="checkbox"/> Stomach Cancer    | <input type="checkbox"/> Anal Fissure  | _____                          |
| <input type="checkbox"/> Crohn's Disease    | <input type="checkbox"/> Colon Cancer      | <input type="checkbox"/> Gastritis     | _____                          |

### DO YOU TAKE ANY OF THE FOLLOWING? (checkbox if you use the listed types of medications and write the name)

- Stool softener \_\_\_\_\_  Laxative \_\_\_\_\_  Fiber supplement \_\_\_\_\_ Other \_\_\_\_\_

### \*\*\*FOR OFFICE USE ONLY\*\*\*

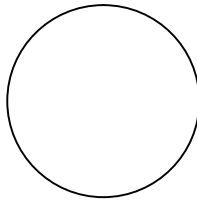
#### Rectal Examination

- External Visual:
- Redundant tissue \_\_\_\_\_
  - External hemorrhoidal disease \_\_\_\_\_
  - Prolapse \_\_\_\_\_
  - Fissure \_\_\_\_\_
  - Fistula \_\_\_\_\_
  - Infection \_\_\_\_\_
  - Other \_\_\_\_\_

Stool Occult Blood?  Yes  No

#### Anal Speculum Examination

RP RA



LL

\*Patient in left lateral decubitus position

#### Impression / Assessment

- Grade I:** hemorrhoids project into anal canal & often bleed but do not prolapse.
- Grade II:** hemorrhoids may protrude beyond the anal verge with straining or defecation but reduce spontaneously when straining ceases.
- Grade III:** hemorrhoids protrude spontaneously or with straining and require manual reduction.
- Grade IV:** hemorrhoids chronically prolapse & cannot be reduced. They usually contain both internal and external components and may present with acute thrombosis or strangulation.

**Other:** \_\_\_\_\_

#### Plan

**Treatment:**  IRC  Referral to \_\_\_\_\_

Colonoscopy recommended?  Yes  No

Scheduled \_\_\_\_\_ Where \_\_\_\_\_

Follow up: \_\_\_\_\_ weeks **CC:** \_\_\_\_\_

**Education:** Patient educated on disease process, diet, hygiene, & control of symptoms. Patient advised of the technique, purpose, benefits, and significant side effects / risks / complications of this procedure, including but not limited to bleeding, and infection. Alternative treatments and their risks, and the risks of non-treatment were also discussed. Pre- / post- treatment instructions were reviewed with patient and patient's questions were answered. The patient understood treatment plans, had no further questions, and was discharged in stable condition. Approximately 30-minutes was spent with patient in counseling and coordination of care.