Provincial Perianal Disease Primary Care Clinical Pathway
Hemorrhoids / Anal Fissures

If unsure at any time, consider non-urgent advice. See referral guideline tab for details

1a. History/Assessment
Perianal complaint, blood, pruritis, mass, or pain

1b. Investigations
No exam is complete without **Digital Rectal Exam** (DRE)

Important considerations for colon cancer screening
(See Important Considerations link above for details)

2. Red Flags

- Mass on DRE
- Long-term foul-smelling discharge (***Fistula***)
- ***Suspected*** Crohn's disease

→ Refer to General Surgery (FAST). See referral guideline tab for details

- Infection/Chills/Unwell

→ Refer to on call doctor / ER / RAAPID. See referral guideline tab for details

- ***Known*** Crohn's disease

→ Return to specialist on record. See referral guideline tab for details

- Significant rectal bleeding
- Frequent bloody diarrhea

→ High Risk Rectal Bleeding Pathway
Chronic Diarrhea Pathway

No Red Flags and clear clinical picture

No Red Flags, but questions or uncertainty remain → Consider non-urgent advice. See referral guideline tab for details

3. Consider medications and factors that contribute to constipation

Chronic Constipation Pathway (as needed)

4. Anal Fissure: Painful bleeding with BM and/or lump on skin near tear ("sentinel pile")

Trial **6 weeks** of conservative management. **Improved?**
- Yes → Continue conservative management
- No → Assess success with management plan. Increase intensity or trial alternate strategies for a second **6 weeks**. **Improved?**
  - Yes → Continue conservative management
  - No → **Refer** to General Surgery. See referral guideline tab for details

Conservative Management (Anal Fissures and Hemorrhoids)

- Diet: High fiber and increase water intake
- Bowel habits, TONE
- Behaviour modification
- Hygiene practices (e.g., sitz baths)
- OTC: Topical ointments and creams (*not supported by evidence, no longer promoted, comfort measure only*)
- Prescription medications for hemorrhoids or fissures (*stronger clinical evidence*)
- Medications to treat constipation

5. Hemorrhoids: Bleeding with BM and/or intermittent protrusion

Multiple Skin Tags

Acute Thrombosed
Immediate Surgical Intervention is not usually indicated
(see Hemorrhoids link above for details)

After 48-72 hours from onset, symptoms from a thrombosed hemorrhoid will begin to resolve.

External / Internal (all grades)

Trial **6 weeks** of conservative management. **Improved?**
- Yes → Continue conservative management
- No → Assess success with management plan. Increase intensity or trial alternate strategies for a second **6 weeks**. **Improved?**
  - Yes → Continue conservative management
  - No → **Refer** based on hemorrhoid type (See referral guideline tab for details)

- **Internal Hemorrhoids**
  Discuss the possibility of interventions (e.g., banding) and, if patient willing to consider, refer to general surgery. Otherwise continue conservative management.
- **External Hemorrhoids**
  Discuss the possibility of interventions (e.g., hemorrhoidectomy) and, if patient willing to consider, refer to general surgery. Otherwise continue conservative management.