



RESEARCH ARTICLE

ACCEPTANCE OF PATIENTS FOR EXAMINATION OF ANAL DISEASES

Dr. Masoud Ahmad Al-Ghamdi¹, Dr. Mohannad Adnan Munshi², Dr. Fahad Salih Aldhafeeri², Dr. Abdulmajeed Madani Badawi², Dr. Abdulmajeed Ali Al Amyateem², Dr. Abdullah Awadh Alshuflut², Dr. Muhannad ahmed Alzain², Dr. Abdullah Mohammed Alghamdi², Dr. Malak Hamed Almalki², Dr. Hala Waleed Bedaiwi³, Dr. Jihad Hassan Almunshri³, Dr. Abdulrahman Fahad Alamoudi³, Dr. Yazeed Abdulaziz Al Rashed³, Dr. Ali Mohammed Al Qarni³ and Dr. Lara Salah Menshawi⁴

1. Consultant General, Laparoscopic and Colorectal Surgery At The Surgery Department in King Fahad General Hospital, Jeddah, KSA.
2. Service Doctor, MOH, KSA.
3. Medical Intern, MOH, KSA.
4. Medical Student, MOH, KSA.

Manuscript Info

Manuscript History

Received: 10 October 2022

Final Accepted: 14 November 2022

Published: December 2022

Abstract

Background: In clinical practice, anal problems are often underappreciated. Patients often hide their atypical symptom presentation, according to research, which delays diagnosis and therapy. The management by primary care physicians is inadequately characterized. The aim of the present research was to understand the issues of anal diseases that people suffer from and their problems in accepting the examination of anal diseases.

Methods: This research work involved following a cross-sectional approach of study and therefore included collecting first-hand data. This was accomplished through the conduction of the survey and data that are considered through the conduction of the survey are quantitative in nature. This would help in determining the acceptance of patients for examination of anal disease. The method that would be employed for considering the size of the sample is stratified random sampling. The survey involved conducting a survey of patients with anal disease.

Results: Of 884 participants included in the current study, 578 accept to be examined for anal disease (65.4%). Half of study participants agreed that anal disease has increased in the recent times (n= 438, 49.5%). Most of study participants believed that eating habits have a role in the development of anal disease (n= 657, 74.3%). In addition, about a third of study participants suffered from chronic anal disease (n= 281, 31.8%). More than half of study participants believe in the need of clinical examination and importance of treatment (n= 455, 51.4%). Anal pain was the most frequent issue experienced by study participants (n= 338, 38.2%).

Conclusion: The study's findings revealed that half of the people in this survey who were asked their opinion on the prevalence of anal illness agreed that it had grown in recent years. The majority of the people in this research thought that their diet had a contribution in the onset of

their illness. Moreover, 66 percent of those surveyed agree that clinical examinations should not make them feel uncomfortable. A majority of research participants reported experiencing anal discomfort.

Copy Right, IJAR, 2022,. All rights reserved.

Introduction:-

An anal sickness is one of the most pervasive disorders in the world that has received very little attention. Because those who are afflicted with oral health issues often experience feelings of awkwardness when opening up to others, medical authorities all over the world are beginning to become concerned about the stigma that is connected with addressing oral health issues [1]. Even though many patients are reluctant to speak about their conditions out of fear of being mocked, the medical profession all over the world is becoming more worried about the frequency of anal illnesses in today's society [2]. Although constipation is the most prevalent cause of anal diseases or fistula, there are a number of additional factors that might bring on these conditions. Because of this, the recent study has shed light on the challenges that people who have anal illnesses encounter, as well as their reluctance to accept the testing method [3].

Because the majority of people are unable to adequately cure the issue due to uncertainty and the fear of being humiliated, an oral disease has become an emerging problem that is now being treated by several medical specialties. Constipation and the pain that it generates in the gastrointestinal system are typical causes of anaerobic diseases [4]. The strains of birth are another prevalent cause of anaerobic illnesses. An underlying issue with anal diseases may be the cause of pain experienced during bowel movements, excessive blood loss from the anus, and other symptoms. It is very uncommon for an oral sickness to go away on its own after a week or two; but, if it lasts for more than a month, it is called chronic [5]. The failure to find a cure and the extension of suffering are two of the most evident outcomes that might occur from insufficient treatment.

It has been observed that individuals who suffer from anal problems are hesitant to accept treatment and examination owing to worries about feeling embarrassed about their condition. This underlines the problem of untreated chronic anal fistula, which may lead to significant discomfort as well as impairment if left untreated.

Over the last several years, the healthcare system in the United Kingdom has made some progress toward the education of patients, the prevention and treatment of anatomical diseases, and the prevention of anatomical disorders. A primary area of concentration has been on the degree to which individuals are fearless in the face of medical examination and treatment.

The aim of the present research was to understand the issues of anal diseases that people suffer from and their problems in accepting the examination of anal diseases.

Methods:-

Research philosophy

The present research methodology involved the method of cross-sectional research. Therefore, the research method involved the positivist research philosophy for the conduct of a first-hand survey method. This incorporated the participants primarily the patients suffering from an anal diseases in the UK. Hence, the research methodology included the primary data collection method involving the quantitative data analysis method (Deb et al. 2018).

Research approach

The present research methodology included the inductive research approach as it was be done through a cross-sectional method. Therefore, the incorporation of the selected research approach was justified in the present context (Deb et al. 2018).

Research design

The research implemented the use of a descriptive research design that helped in accessing the data collection method through a survey method. The research was executed through the cross-sectional method and therefore, the descriptive research design is justified for the present research [6].

Research Method:-

The present research study involved the cross-sectional method; thus, it was done through the primary research method. The research was done through a survey method with the collection of relevant information in a first-hand data collection method [6].

Sample

The research method involved the method of simple random sampling technique that would imply that every participant of the target population had the same chance of being selected. The sample size incorporated the patients who are suffering from simple anal diseases and chronic anal diseases and getting treatment in the UK [6]. The participants primarily belonged to the patient groups who came to the governmental hospitals of the UK belonging to the age groups of 25 to 50 years.

Data collection

The research method incorporated the primary data collection method with the involvement of first-hand information gathering. Therefore, the data collection method incorporated a survey method with a questionnaire involving a total of 14 questions [6].

Data analysis

The present research followed the quantitative research method as it effectively helped to understand and analyze the issues related to the patients with anal diseases. Moreover, the research method involved the cross-sectional method and therefore, the quantitative method is justified for the evaluation of the collected data analysis [6].

Validity and reliability

The aspects of validity and reliability are maintained throughout the research methodology that involved the authenticity and accuracy of the research. Therefore, these aspects helped the research methodology to be successful with involving proper information that would be relevant for the research examination [6].

Ethical consideration

The aspect of ethical consideration was understood and maintained throughout the research methodology. The research methodology was conducted with maintaining the aspects of privacy and authenticity. All the participants were well aware of the survey topic and no one was forced to change their opinions [7].

Results:-

The study included 884 participants. Participants responded to all survey items. Half of study participants agreed that anal disease has increased in the recent times (n= 438, 49.5%). Most of study participants believed that eating habits have a role in the development of anal disease (n= 657, 74.3%). In addition, about a third of study participants suffered from chronic anal disease (n= 281, 31.8%). More than half of study participants believe in the need of clinical examination and importance of treatment (n= 455, 51.4%). Participants' responses to survey items is summarized in table 1.

Table 1:- Participants responses to survey items.

Survey Item	Yes	Neutral	No
1) Do you feel that anal disease issue has increased in recent times?	438 49.5%	279 31.6%	167 18.9%
2) Do you consider that eating habits have an active role in contributing towards rising in anal disease?	657 74.3%	114 12.9%	113 12.8%
4) Did you experience any issues with chronic anal disease?	281 31.8%	137 15.5%	466 52.7%
6) Do you feel embarrassed discussing anal disease issue with others?	427 48.3%	278 31.4%	179 20.2%
8) Do you consider that avoiding clinical examination and treatment are ways to get rid of the disease?	173 19.6%	256 29%	455 51.4%

Participants were asked about issues experienced by patients with anal disease. Their most frequent answer was anal pain (n= 338, 38.2%). Figure 1 shows the distribution of participants' answers.

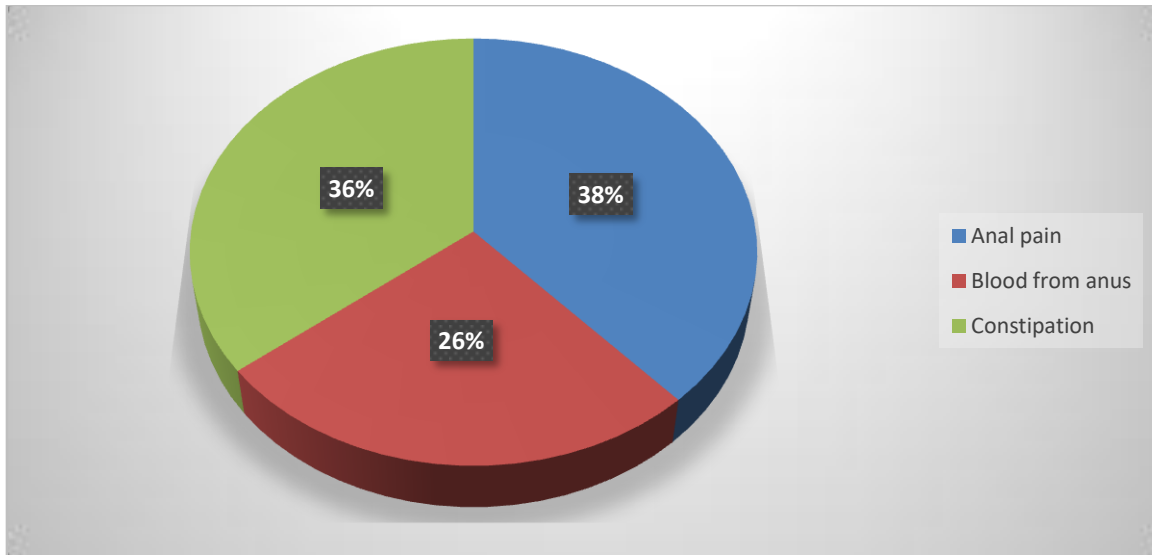


Figure 1:- Problems experienced by anal disease patients.

In addition, participants reported experiencing very painful feeling from anal disease (Figure 2).

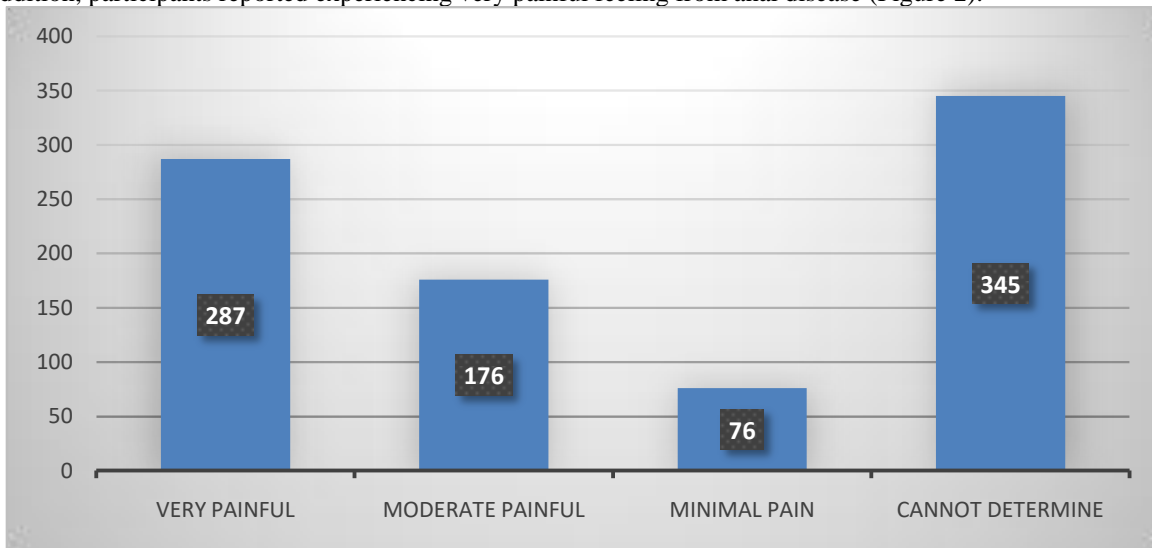


Figure 2:- How painful it is to have anal disease.

Most of study participants examination benefit in the treatment (n= 675, 76.4%). Furthermore, more than two thirds of study participants think that motivating patients helps them to struggle with anal disease (n= 603, 68.2%). There are 578 participants think that they should not be embarrassed from clinical examination (65.4%). Other responses are presented in table 2.

Table 2:- Participants responses to survey questions.

Survey Question	Yes	Neutral	No
9) Do you think that discussing this issue with doctors would benefit you in the treatment of anal disease?	675 76.4%	111 12.6%	98 11.1%
10) Do you feel that it is easy to get rid of anal disease without taking any medications?	186 21%	266 30.1%	432 48.9%
11) Do you think that motivating patients helps them to struggle with anal disease problem?	603 68.2%	156 17.6%	125 14.1%
12) Do you recommend going to the doctor for patients suffering from anal disease?	670 75.8%	125 14.1%	89 10.1%

13) Do you feel that you should not be embarrassed from examination?	578 65.4%	179 20.2%	127 14.4%
14) Do you know any treatment other than going to the doctor and being examined?	218 24.7%	266 30.1%	400 45.2%

Upon asking participants about how to deal with anal disease issue, they responded that taking medications is the best choice (n= 424, 48%) (Figure 3).

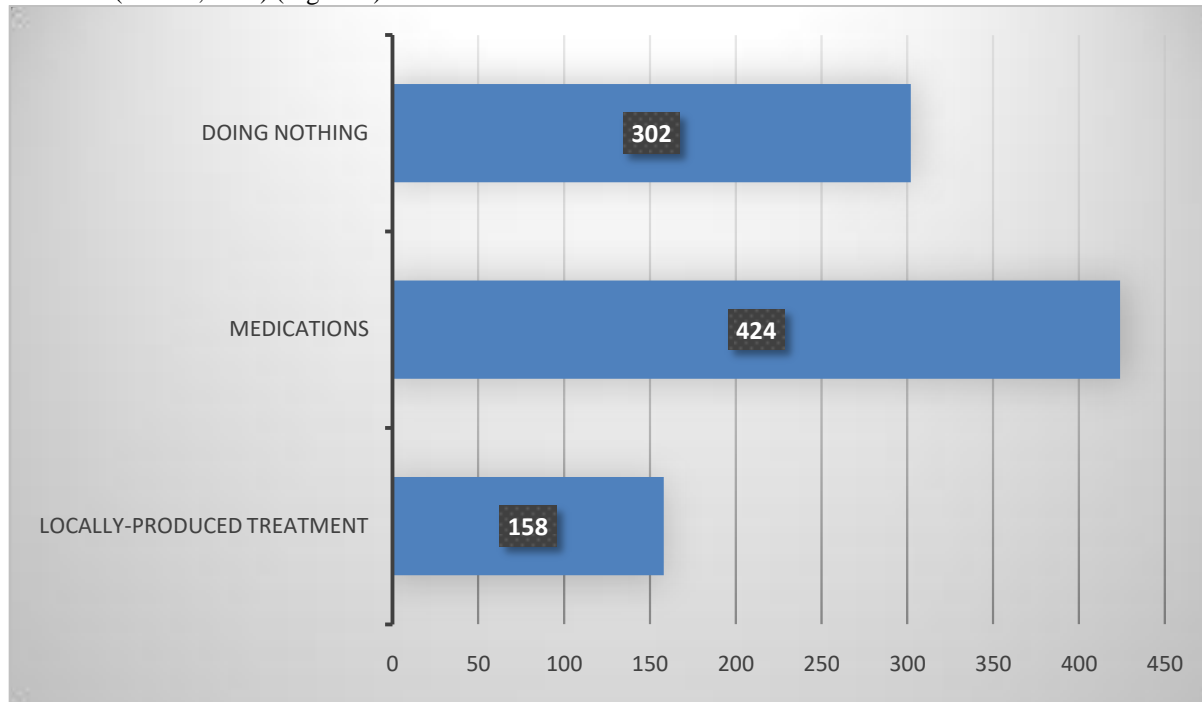


Figure 3:- How study participants deal with anal disease.

Discussion:-

Considering the prevalence of anal issues and the relative simplicity with which they may be treated medically, general practitioners (GPs) should be the first line of defense in the fight against these conditions. It is difficult to perform high-quality epidemiological research in general practice due to the fact that patients are reluctant to disclose symptoms and submit themselves to oral examinations. In the previous study, there were no oral exams conducted; instead, anal symptoms were investigated only via patient interviews. As a consequence of this, estimates of the incidence of analogue illnesses fall anywhere between 20% and 40.5% [8-10]. In 2014, Abramowitz and colleagues conducted a study to determine the prevalence of anal symptoms in primary care settings. Only 2% of the 10,779 persons in France who visited a doctor did so on their own initiative because they were suffering from an oral condition. On the other hand, when all of the patients were rigorously questioned, it was discovered that the genuine frequency was 14.2% [11]. Patients, to their detriment and the detriment of their quality of life, do not talk openly about their symptoms [12]. In addition, despite the fact that it is important [13], doctors only sometimes conduct oral examinations [11]. In the year 1990, study was done to investigate the function that family doctors play in England. There were many explanations given for why a rectal examination was not performed, including the patient's unwillingness to participate, a lack of available time, and the need that the examination be repeated by a proctologist [14].

Nelson et al. found that the prevalence of anal symptoms in the general community was 20% after conducting a telephone survey of 102 people in the Joliet, Illinois, area [8]. In France, Abramowitz et al. similarly found 14.2% of anal symptoms [11], although they did it with a different set of GPs and in a different section of the country. Siproudhis et al. [9] found that 58.3% of people with proctological illnesses never sought medical attention from a general practitioner because they hid the signs of their condition. According to the findings of our study, 85 percent of patients were secretive about their symptoms until they were pressed for further information about them.

Our results on anal symptoms were in line with those of a study conducted in France by Pigot et al., which included the participation of 161 doctors and 831 patients seeking treatment for a proctological condition. According to a sheet of information, the most frequent symptoms were pain (reported by 48 percent of patients), bleeding (reported by 37 percent), anal edema (reported by 26 percent), and anal pruritis (reported by 24 percent) [10]. On the basis of the existence or absence of anal symptoms, the quality of life was assigned a score anywhere from 0 to 4 (no effect) to moderate to severe (significant impact) on a scale that ranged from 0 to 10. However, 46 percent of individuals who sought medical assistance for that condition rated its importance as either extremely important or very significant. We observed that 43% of individuals were experiencing moderate to severe pain on a scale that ranged from 0 to 10. We think that the study we have conducted is the first of its kind to investigate the impact on those who did not originally reveal that they were experiencing symptoms. Approximately forty percent of these people reported having moderate to severe discomfort.

The low number of individuals who had an anal examination, especially a rectal examination, is supported by the findings of our study. According to the findings of a study conducted by Springall and Todd, out of 305 patients who presented their general practitioner (GP) with anal or stomach issues, 31% were not checked, and only 48% were given a rectal examination by their GP [13].

Patients very seldom disclose their anal complaints on their own initiative, despite the fact that these symptoms have a substantial influence on the quality of life that they lead. Patient reluctance to undergo an oral examination is one of the potential limiting factors. Patients living with HIV (human immunodeficiency virus) are already urged to undertake regular screening for anal issues [15]. Women who are pregnant or have just given birth are also encouraged to do so [16]. Given the frequency of gastrointestinal symptoms in these individuals, it is important to do regular screenings for either constipation or diarrhea.

In the same vein, informing patients about how prevalent mental diseases are might encourage them to discuss their own experiences with the condition, which can help avoid either inadequate self-medication or the worsening of preexisting problems. In a similar vein, teaching future physicians and healthcare workers on the relevance of tests may help eliminate diagnostic gaps or errors. This may be accomplished via education. If the diagnosis of anal fissures is delayed, there is a greater chance that the problem may become chronic or infected. There is also a greater chance that surgical treatment would result in fecal incontinence. The majority of individuals who have hemorrhoids simply need treatment with medication or instrumental therapy; nevertheless, if the condition is not identified and treated promptly, there is a greater chance of experiencing problems as a result of any necessary surgical procedures. Last but not least, there is always a possibility that cancer of the intestine, either anaplastic or rectal, may not be diagnosed in time for treatment.

Conclusion:-

The current study showed that half of study participants agreed that anal disease has increased in the recent times. Most of study participants believed that eating habits have a role in the development of anal disease. Moreover, two thirds of participants think that they should not be embarrassed from clinical examination. Anal pain was the most frequent experienced issue by study participants.

References:-

1. Sarıışık AM, Karavana SY, Türkoğlu GC, Rençber S, Önder T. Preparation and characterization of textile-based carrier systems for anal fissure treatment. *Journal of Microencapsulation*. 2017 Nov 17;34(8):722-31.
2. Steinhagen E. Anal fissure. *Diseases of the Colon & Rectum*. 2018 Mar 1;61(3):293-7.
3. Pandit RK, Jha VK. Lateral internal sphincterotomy versus anal dilatation in chronic anal fissure-an observational study. *Int. J. Health Sci. Res.* 2019;9(10):105-10.
4. Acar T, Acar N, Güngör F, Kamer E, Genc H, Atahan K, Dilek ON, Hacıyanlı M. Comparative efficacy of medical treatment versus surgical sphincterotomy in the treatment of chronic anal fissure. *Niger J Clin Pract.* 2020 Apr 1;23(4):539-44.
5. Zaghiyan KN, Fleshner P. Anal fissure. *Clinics in colon and rectal surgery*. 2011 Mar;24(01):022-30.
6. Deb D, Dey R. and Balas VE. *Engineering research methodology: a practical insight for researchers* (Vol. 153) 2018. Springer.

7. Mosleh G, Badr P, Abolhassanzadeh Z, Hosseini SV, Mohagheghzadeh A. Potential effects and mechanisms of action of topical wallflower (*Erysimum cheiri* (L.) Cranz) administration in anal fissure. *Research Journal of Pharmacognosy*. 2019 Jan 1;6(1):63-9.
8. Nelson RL, Abcarian H, Davis FG, Persky V. Prevalence of benign anorectal disease in a randomly selected population. *Dis Colon rectum*. 1995;38:341–344.
9. Siproudhis L, Pigot F, Godeberge P, Damon H, Soudan D, Bigard MA. Defecation Disorders: a French Population Survey. *Dis Colon rectum*. 2006;49:219–227.
10. Pigot F, Siproudhis L, Bigard M-A, Staumont G. Ano-rectal complaints in general practitioner visits: consumer point of view. *Gastroentérologie Clin Biol*. 2006;30:1371–1374.
11. Abramowitz L, Benabderrahmane M, Pospait D, Philip J, Laouénan C. The prevalence of proctological symptoms amongst patients who see general practitioners in France. *Eur J Gen Pract*. 2014;20:301–306.
12. Damon H, Guye O, Seigneurin A, Long F, Sonko A, Faucheron J-L, et al. Prevalence of anal incontinence in adults and impact on quality-of-life. *Gastroentérologie Clin Biol*. 2006;30:37–43.
13. Springall RG, Todd IP. General practitioner referral of patients with lower gastrointestinal symptoms. *J R Soc Med*. 1988;81:87–88.
14. Hennigan TW, Franks PJ, Hocken DB, Allen-Mersh TG. Rectal examination in general practice. *BMJ*. 1990;301:478–480.
15. Morlat P. Prise en charge médicale des personnes vivant avec le VIH. Recommandations du groupe d'expert 2013;237. http://solidarites-sante.gouv.fr/IMG/pdf/Rapport_Morlat_2013_Mise_en_ligne-6.pdf.
16. Abramowitz L, Sobhani I, Benifla JL, Vuagnat A, Darai E, Mignon M, et al. Anal fissure and thrombosed external hemorrhoids before and after delivery. *Dis Colon rectum*. 2002;45:650–655.