### AUDIT OF ANAL SURGERY CASES IN ALEXANDRIA MAIN UNIVERSITY HOSPITAL

Mohamed Mazloum Zakria, Walid Galal Abd Elhakeem El Shazly, Ahmed Mohamed Osama Abd EL Zaher Moaz, Ahmed Samir Ahmed Mohamed Abdelaal Department of Surgery, Faculty of Medicine University of Alexandria

# Introduction

Surgical treatment nowadays is the first line of treatment for anal and colorectal disorders all over the world and before audit was carried out, there were no resources to compare the surgical practice and outcome across various hospitals.

The prevalence of anal disorders requiring surgical treatment has not been previously documented and compared to recognized standards of care at Alexandria main university hospital.

### Aim of the Work

- 1. Establishment of audit for surgical management of anal disorders in Alexandria main university hospital.
- 2. Improve management of anal surgery in Alexandria main university hospital, through comparison of the practice with the standard; which is the ASCRS or European Society for coloproctology practice guidelines for anal disorder management.

## Methods

Prospective data were obtained from 416 cases during the time of the study In this audit we are focusing not just on clinical outcome but also on quality of life for patient postoperatively, which was assessed using short form 36 questionnaire



MEDICINE

2022©Alexandria Faculty of Medicine CC-BY-NC

### Results

Our Audit included 416 patients admitted and operated upon in colorectal surgery unit in Alexandria main university hospital during 2020 and 2021

Table (1):Distribution of anal fissure cases according to different parameters (n = 123)

	No.	%
Sex		
Male	54	43.9
Female	69	56.1
Age (years)		
Min. – Max.	19.0 – 59.0	
Mean ± SD.	$32.76 \pm 7.92$	
Median (IQR)	32.0(28.0 - 38.0)	
Site of fissure		
Posterior	112	91.1
Anterior	11	8.9
Conservative trail	123	100.0
Operation		
Lat Int sphincterotomy	117	95.1
Laser	6	4.9
Complaint follow up visits		
No	116	94.3
Wound abscess	1	0.8
Minor incontinence	2	1.6
Perianal fistula	1	.8
Recurrence	3	2.4
1 month quality of life		
Not satisfied	6	4.9
Satisfied	116	94.3
Minor incontinence	1	0.8
SF36 (%)		
Poor (0 – 24)	0	0.0
Fair (25 – 60)	7	5.7
Good (61-83)	30	24.4
Very good (84 – 94)	66	53.7
Excellent (95 – 100)	20	16.3
Min. – Max.	35.0 – 100.0	
Mean ± SD.	$85.0 \pm 11.0$	
Median (IQR)	87.0(80.0 – 91.50)	

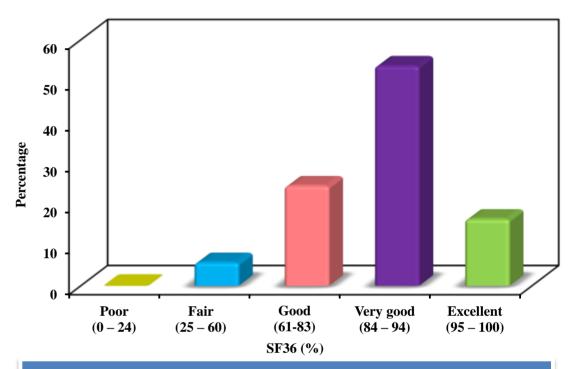


Figure (1): Distribution of anal fissure cases according to SF36 after 1 month (%)

### **Conclusion**

Audit can be defined as a systematic review of aspects of practice that results in a change in that practice to improve the quality of professional care through changes applied regularly.

Chronic anal fissure, Hemorrhoids, Perianal Fistulae and Pilonidal Disease are the four major pillars while discussing common benign anal disorders.

The main goal of this surgical audit is comparing our way of surgical management to standards.

After finishing this audit, we have concluded that we — colorectal surgery unit, Alexandria hospital- are following the standards and guidelines regarding management of common anorectal disorders.