

# Rectal Cancer: Key Items in the Colonoscopy Report

Friday November 1, 2019  
Colonoscopy Education Day

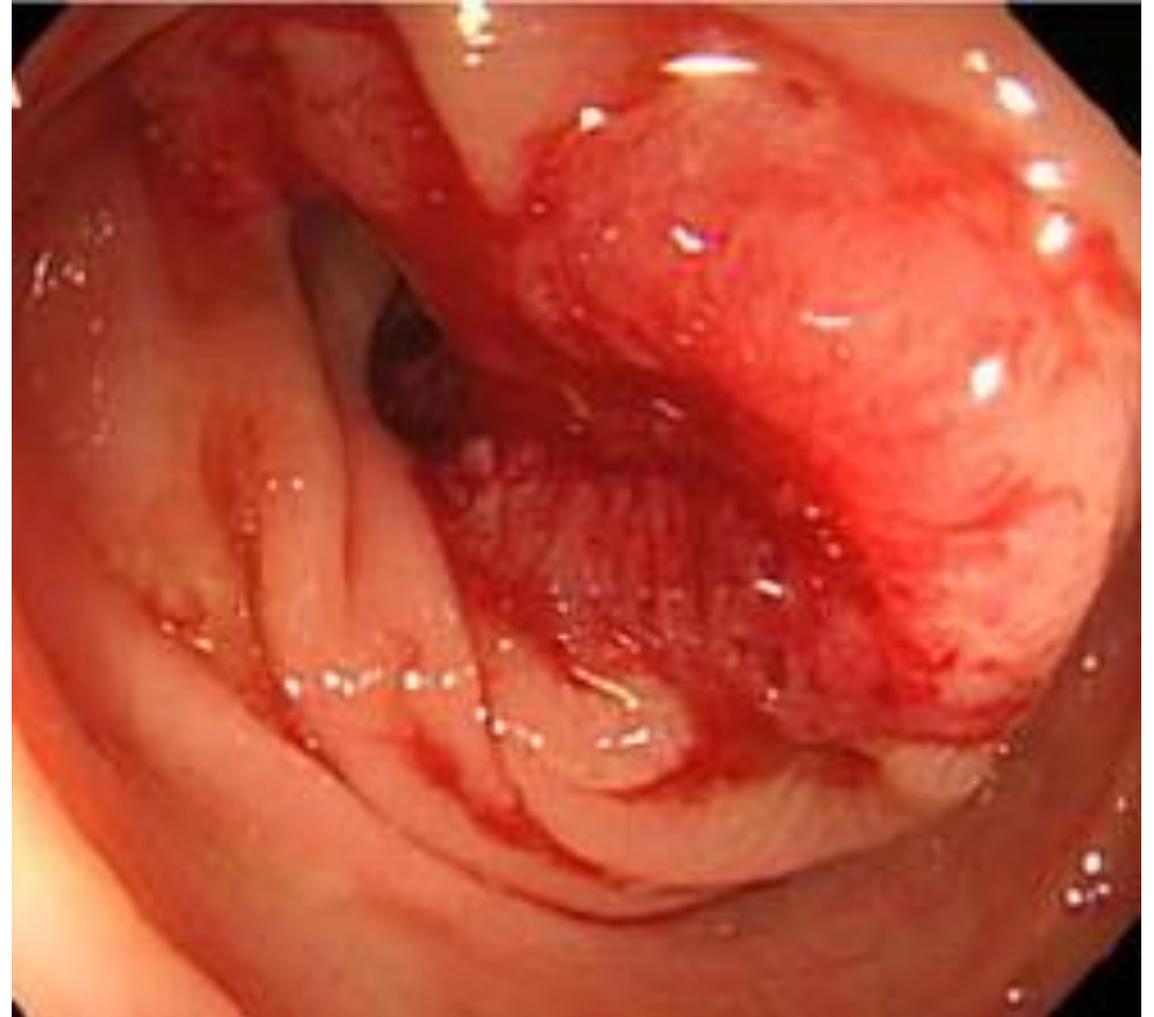
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- No disclosures

- History & symptoms
- Location
  - DRE
  - Endoscopically
- Tattoo
- Size
- Staging investigations

# History & symptoms

- Very urgent vs. urgent
  - Obstructive symptoms
  - Significant bleeding

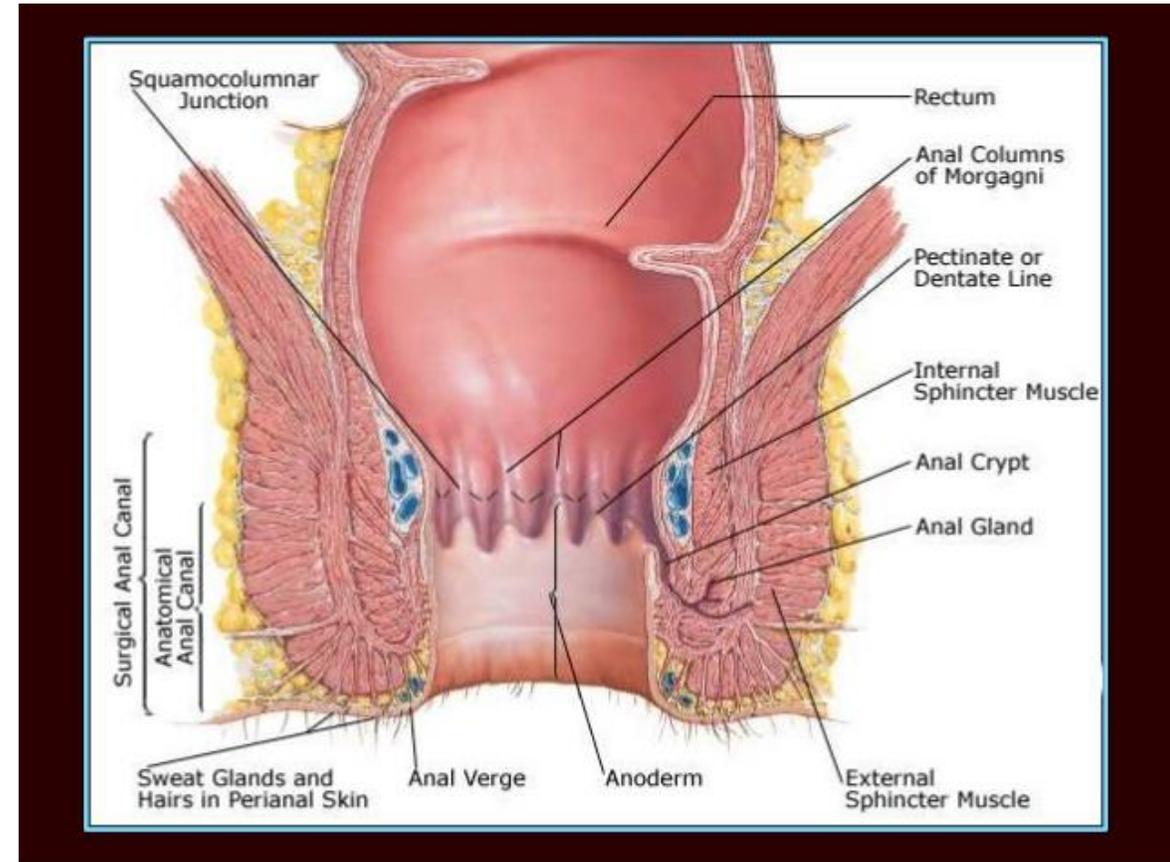


# Location

- Digital exam
- Endoscopic evaluation

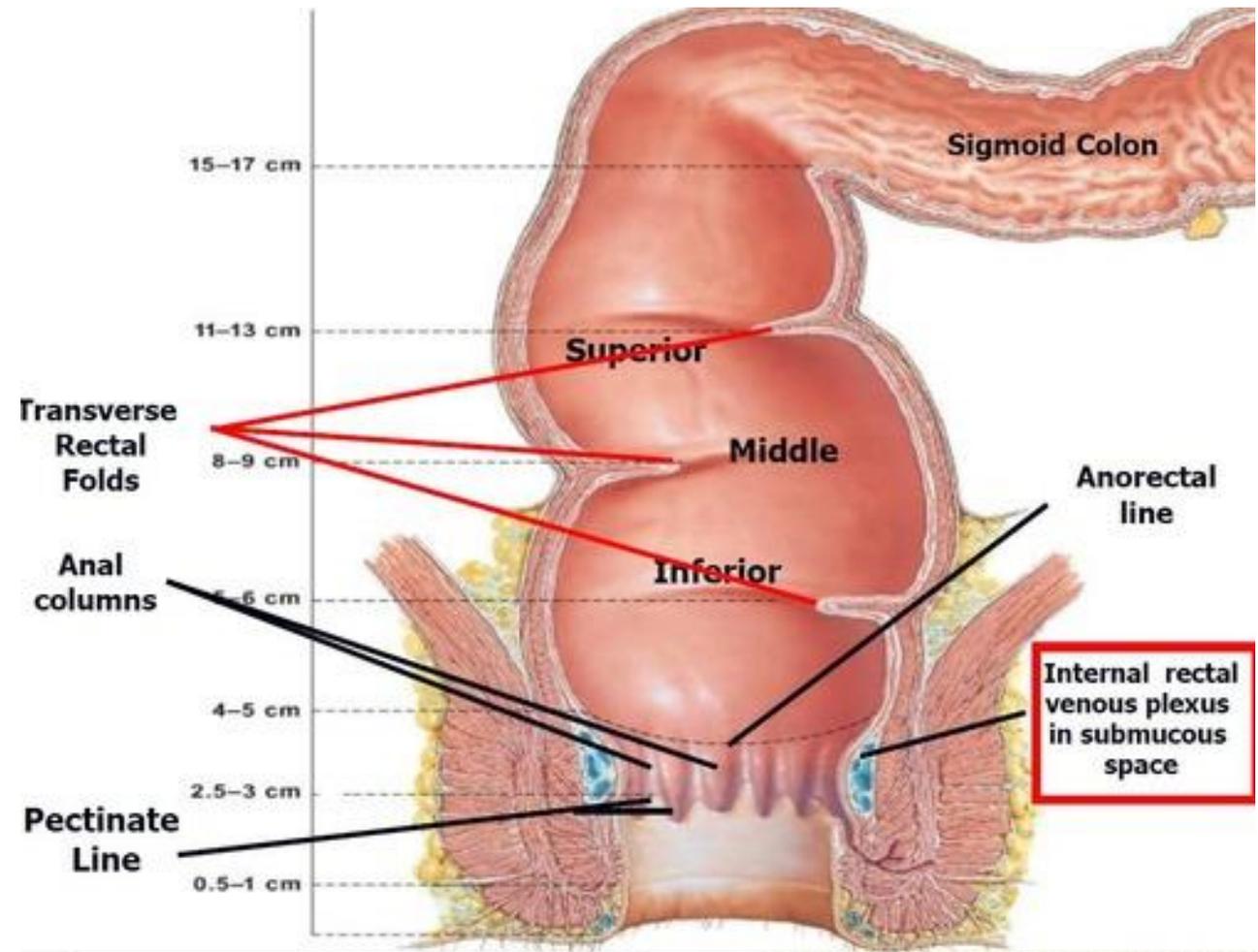
# Location - DRE

- Is the lesion palpable?
- Fixed?
- Location anatomically – anterior, posterior, lateral
- If palpable, at what height?
  - Patient factors matter
  - Relative to top of the sphincter complex
  - Relative to anal verge



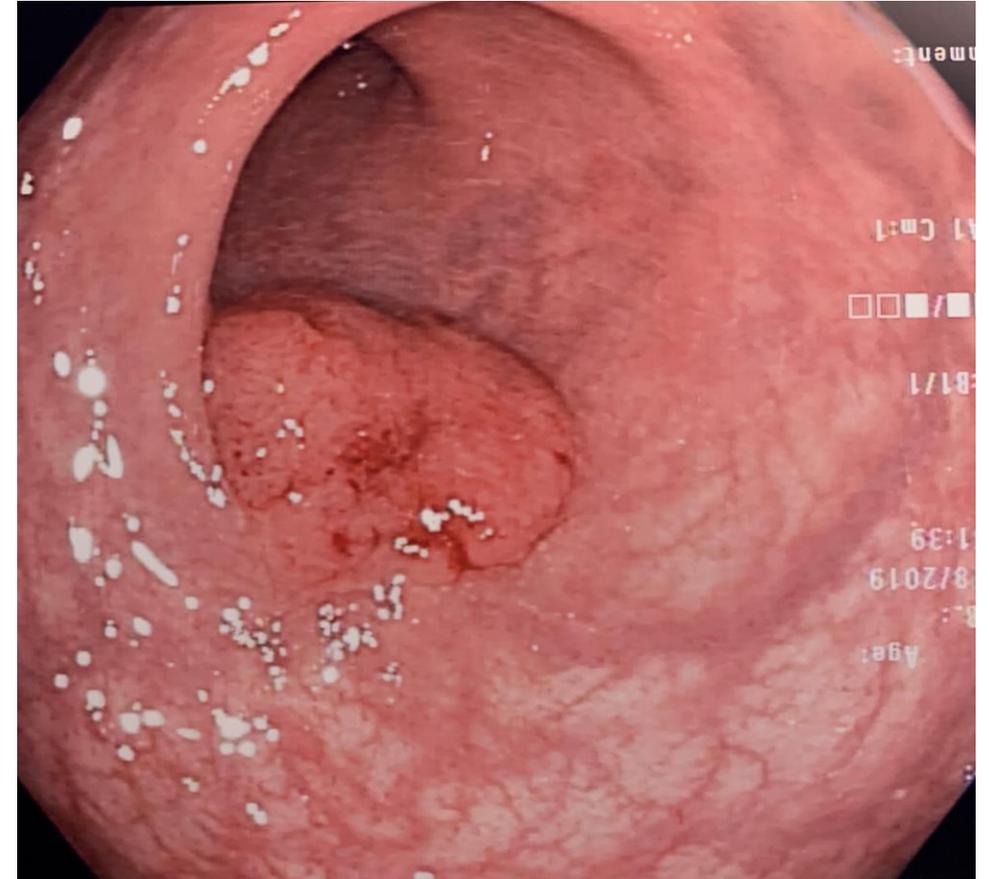
# Location – Rectal Anatomy

- Coalescence of longitudinal muscle (no tinea coli)
- Length varies
  - Traditionally about 15cm
- Three rectal folds



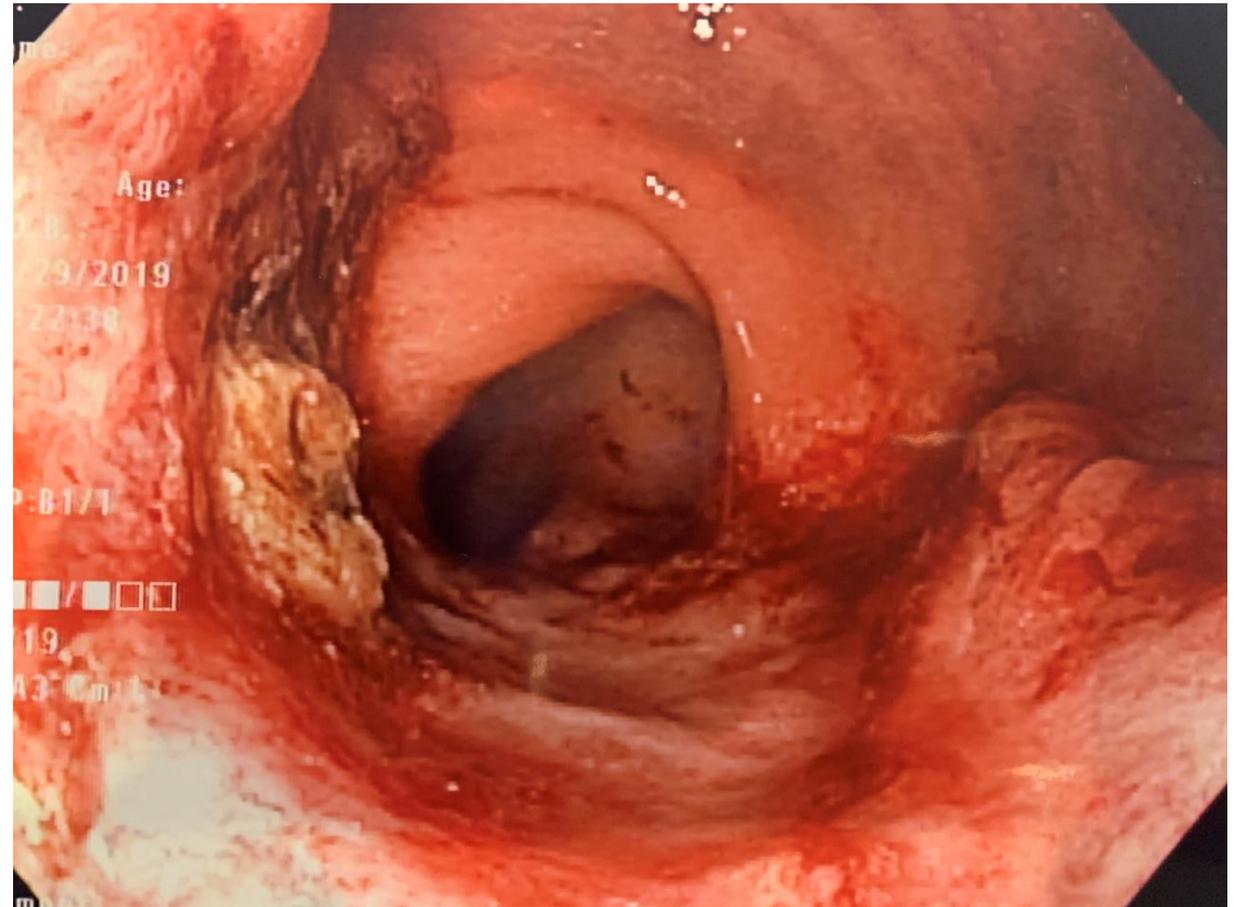
# Location

- Photograph
- Anterior/posterior/lateral
- Circumference of lumen
- Distance
  - Ex: At most distal rectal fold, taking approximately  $\frac{1}{4}$  of the lumen circumference, palpable and mobile, located in the right posterolateral position



# Location

- Distal aspect
  - At dentate line



# Location

- On retroflexion



# Size

- Percentage of the circumference
- Length of lesion (if possible)
- Passable with scope
  - Risk of obstruction

# Tattoo

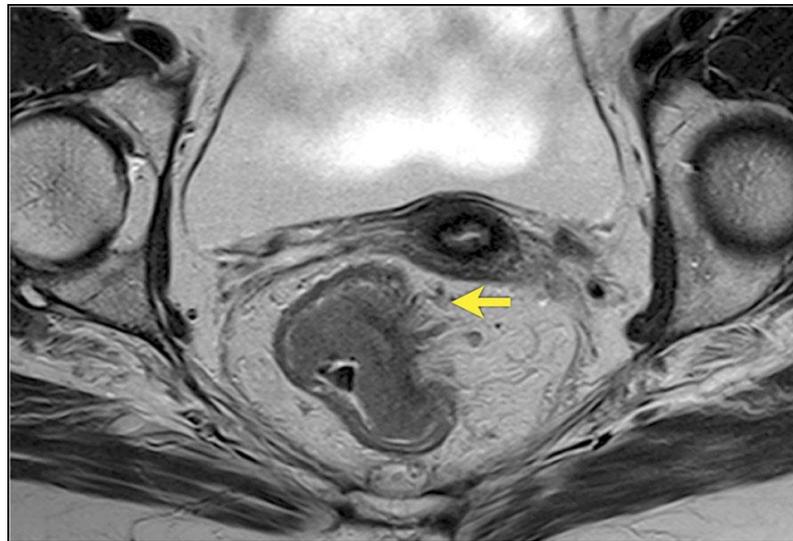
- Is it needed?
  - Distal, palpable – NO
  - Distal sigmoid, upper rectum – MAYBE
    - Talk to the surgeons at your centre
    - Communication between GI and surgery

# Tattoo – Special Consideration

- Excised rectal polyp – adenocarcinoma on pathology
  - Location matters
  - Flex sig with small tattoo at site (if scar visible)

# Staging Investigations

- Refer to surgeon
- Time to see surgeon
- Waiting for plan
- If suspicious of rectal cancer:
  - CT chest/abdo/pelvis
  - MRI pelvis
- Document



- History & symptoms
- Location
  - DRE
  - Endoscopically
- Tattoo
- Size
- Staging investigations

# Thank you

- Questions?