The diagnosis, treatment and management of patients with haemorrhoids

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First Name		**Profession**	
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1. Which of these features are common causes of symptomatic haemorrhoids?

- ☐ **A** Pregnancy
- ☐ **B** Poor bowel hygiene
- ☐ **C** Chronic constipation and prolonged straining
- ☐ **D** Ascites
- ☐ **E** All of the above

2. What percentage of internal haemorrhoid cases is only identified when a colonoscopy or sigmoidoscopy is performed?

- ☐ **A** 20%
- ☐ **B** 40%
- ☐ **C** 60%

3. Physical examination is not necessary for the diagnosis of haemorrhoidal disease, even when there is rectal bleeding:

- ☐ **A** True
- ☐ **B** False

4. When performing a DRE in the case of suspected haemorrhoids, it is important to assess which of these features?

- ☐ **A** Anal fissures and skin tags
- ☐ **B** Sphincter tone
- ☐ **C** Perianal hygiene
- ☐ **D** All of the above
- ☐ **E** A and C

5. Which option describes grade III internal haemorrhoids?

- ☐ **A** Chronically prolapsed and irreducible
- ☐ **B** Prolapsed with defecation requiring manual reduction
- ☐ **C** Prolapsed with defecation and spontaneous reduction
- ☐ **D** Prominent internal haemorrhoidal tissue without prolapse

6. Which statement is incorrect? Rectal bleeding:

- ☐ **A** Is a common symptom in adults of all ages
- ☐ **B** Is intermittent and self-limiting in most people
- ☐ **C** Due to haemorrhoids is mostly benign
- ☐ **D** Due to anal fissure is a red flag for referral

7. Which of these signs and symptoms is not a red flag for referral of patients with rectal bleeding?

- ☐ **A** Intractable pain limiting proper clinical assessment
- ☐ **B** Weight loss
- ☐ **C** Anaemia
- ☐ **D** Elevated HbA_{1c}
- ☐ **E** Age >40 years

8. Rectal bleeding alone has what percentage positive predictive value for colorectal malignancy in patients >50 years presenting to primary care:

- ☐ **A** 8%
- ☐ **B** 13%
- ☐ **C** 18%

9. Anticoagulants and antiplatelet drugs may potentiate rectal bleeding:

- ☐ **A** True
- ☐ **B** False

10. Which option best describes conservative medical treatment as the first-line therapy across all ranges of haemorrhoid severity?

- ☐ **A** Softening of stool, relief of pain, correction of bad toilet habits
- ☐ **B** Dietary modification, topical anaesthesia
- ☐ **C** Dietary modification, topical anaesthesia plus steroid

11. Which statement is incorrect? Dietary modification focuses on:

- ☐ **A** 10-15g fibre supplement daily for men
- ☐ **B** 10-15g fibre supplement daily for women
- ☐ **C** 1.5-2l fluid intake daily
- ☐ **D** None of the above
- ☐ **E** A and B

12. In the patient with haemorrhoids, prednisolone is used for treatment of:

- ☐ **A** Swelling and inflammation
- ☐ **B** Pain, discomfort and itching
- ☐ **C** A and B

13. In the patient with haemorrhoids, cinchocaine is used for treatment of:

- ☐ **A** Swelling and inflammation
- ☐ **B** Pain, discomfort and itching
- ☐ **C** A and B

14. Risk factors associated with pregnant women developing haemorrhoids include:

- ☐ **A** History of constipation and prior haemorrhoids
- ☐ **B** Straining during delivery
- ☐ **C** Birth weight >3.8kg
- ☐ **D** All of the above
- ☐ **E** A and C

15. Which statement is false with regard to rectal bleeding in immunosuppressed patients and those on anticoagulant therapy?

- ☐ **A** These patients are more prone to sepsis and profuse bleeding
- ☐ **B** Stop anticoagulants a few days prior to surgical intervention
- ☐ **C** Do not stop immunosuppressive agents prior to surgical intervention

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