

## Basic Skills Qualification Anoscopy

### Evaluation Process

Prior to seeking BSQ certification, a resident should be confident in their skills. The "Basic Skills Qualification" is printed and given to the supervising physician, where after, the resident performs the procedure under direct observation of the supervising physician. The competency assessment is completed by the supervising physician with their signature and given back to the resident. The resident then returns the competency assessment to the Academic Coordinator.

**Resident:** \_\_\_\_\_

	Competent	Needs Work
Informed consent		
Positioning: lateral decubitus, knees flexed		
Inspection of external perianal area		
Correct assembly of anoscope including using lubrication		
Insert anoscope gradually		
Slow removal of obturator, and adequate inspection of anal canal		
Safe biopsy technique if needed, hemostasis achieved		
Correct diagnosis of physical findings on anoscopy		
Attention to patient's comfort at all times		

**Faculty:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Indications:

- Initial evaluation of rectal bleeding, anal or perineal pain
- Anal discharge, rectal prolapse, anal fissures
- External/Internal hemorrhoids, perianal condyloma
- Painful DRE or palpable mass on DRE.
- Retrieval of foreign body
- Evaluation of sexual abuse
- Fecal impaction, anal polyps, cancer

### Contraindications:

- Unwilling patient
- Severe debilitation
- Acute MI
- Anal canal stenosis

### Relative Contraindication:

- Acute abdomen

### Complications:

1. Generally a safe procedure, anoscopy has few complications
2. Possible complications: anal discomfort, tearing of perianal skin, tearing or abrasions of hemorrhoidal tissue.

### Preprocedure Patient Preparation:

1. Have a medical assistant or RN chaperone procedure

2. Patient must be cooperative and relaxed
3. Frank admission that procedure will be unpleasant and uncomfortable, but not painful.
4. If anal area exquisitely painful, can apply topical anesthetics such as 5% xylocaine 30 min prior to procedure to reduce discomfort.

**Technique:**

1. Place patient in left/right lateral position preferably with buttocks facing wall not door.
2. Have patient pull up on glutei or have assistant pull glutei laterally so that full inspection of perianal area can be done.
3. Have patient bear down to assess for hemorrhoidal prolapse.
4. Perform digital rectal exam with lubrication jelly
5. Lubricate the anoscope with obturator in place.
6. Gently insert the anoscope into anus, advance instrument in the direction of umbilicus until full length of scope inserted. (May detect resistance. Ask patient to take a couple deep breaths and to bear down slightly).
7. Remove obturator so that mucosa of anal canal is seen. Fecal material may be removed with large swab.
8. Gradually withdraw instrument, observing anal canal as scope is extracted. Rotate Long cylinder anoscope to the right and left to visualize entire canal.

*Reference: Pfenniger, JL and Fowler GC, Procedures for Primary Care. Mosby 2003.(Apgar, B. and Pfenniger J., p 763-766)*