RECTAL MUCOSAL TUMOR/POLYP:

Common cause of hematochezia, tenesmus in the middle-aged/older dog

Direct Veterinary Surgery
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Synopsis-- Anatomy and the Disease

These are either cute or hellish; location is the key. Note the depth relative to the anal sphincter. They are friable wads of mucosal benign tumor with a somewhat narrow base (rarely dramatically pedunculated; closer to sessile in nature). They move around when digitally manipulated because they are within the mucosa but not anchored to the underlying muscularis/wall. This mobility is why owners often see these when the dog is straining to defecate; they pop out and pop back in.

Much more common as a one-time event, but multifocal disease can be found in rare cases throughout the rectum/colon. In chronic cases, anemia might be significant enough to warrant treatment if not at least adjusted anesthesia considerations.

Surgical Overview:

Using retractors, we can exteriorize a surprising length of rectal mucosa via an anal approach (i.e. no incision). If the mass can be exteriorized, "simple" rectal mucosal resection of normal tissue around the base of the mass and primary closure can be curative.

If the location cannot be exteriorized, the surgical treatment will be more involved. A peri-anal approach with full thickness rectal wall resection or full circumferential wall resection can be achieved, but morbidity goes up significantly.

The **indications & rationale** for surgical treatment are:

- A characteristic friable, movable, mucosal mass that is palpable per anus and does not extend greater than 1/3 the rectal circumference or originate deeper than 5-6cm into the rectum (depth is relative to patient size, so surgeon reserves the right of refusal or procedure change after palpation!)
- Surgical resection via the anal approach, without advanced imaging/colonoscopy, can be considered an excisional biopsy with planning for further diagnostics dependent upon results.

Other options for treatment (besides surgery) are:

- Benign neglect with insoluable fiber addition to diet (blood loss and resultant anemia may be limitation)

Supportive/ancillary options with surgical treatment are:

- To be thorough, theoretically, a full colonoscopy is needed to see about polypoid friends further north, but we could be making a mountain out of a mole hill. If benign, time will diagnose more hematochezia and the need for further work up. If malignant or representative of a disseminated disease, further workup for prognostication and treatment is indicated.
- Insoluable fiber addition to the diet will improve stool character preoperatively and postoperatively.

The **perioperative experience** for pet and owner includes:

- Insoluable fiber, in the form of wheat bran, is a very useful/essential tool postoperatively. Plan accordingly.
- Defecation will be painful for a week or more; pain medications and patience during multiple daily bathroom excursions is needed
- Bloody stool will be present for up to a week or so.
- Perianal hygiene may need attention for a week or so.
- It is common for patients to strain a lot postoperatively; monitoring to determine successful vs. unsuccessful defecation is essential until defecation returns to normal.
- Close contact +/- repeat visits with your primary care veterinarian will be needed to catch serous problems early.

Expectations for outcome are:

- With appropriate healing and the absence of additional, undiagnosed lesions, no further blood loss and return to normal function are expected.

Complications that may arise with this procedure are:

- Rectal wall perforation (rare, potentially major, requiring re-operation and ICU support)
- Tenesmus and/or constipation (somewhat common, mild-severe, requiring close supervision and possible treatment)
- Rectal walls stricture (rare, potentially major, requiring re-operation or mechanical/bouginage treatment)

Postoperative **outcomes may be poor** due to the above complications, and/or:

- Additional masses, not appreciated via per anus palpation, may continue to create hematochezia and tenesmus.

What a surgeon needs prior to surgery:

- Confirmed, characteristic lesion
- Rectal exam under general anesthesia immediately prior to definitive surgery.

General considerations and complications *for all surgery/anesthesia procedures are:*

- *Difficult and/or painful anesthetic recovery (variable; may require additional medications or re-hospitalization)*
- *Incisional dehiscence (rare, minor or major; may require surgical revision)*
- *Adverse anesthetic event (rare, major; may result in serious impairment or death)*

Proper owner expectations are important to a successful experience and patient outcomes. Please discuss this information with your clients while assisting them with decision-making for **Rectal polyp resection**.

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