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PURPOSE / OBJECTIVES

Assessing and documenting what is found on proctological assessment is not currently recorded in a standardised way in either primary or secondary care. Monitoring the progression of disease between clinic visits can therefore be challenging.

We have developed the eXroid Clockface Assessment Tool (eCAT)TM, which has proved to be a useful way to achieve this in clinics that manage internal haemorrhoid disease (HD), a condition which is frequently associated with other problems affecting the perianal region, including external haemorrhoids, fissures, fistulas, polyps, different rashes and anal tags.

MATERIAL & METHODS

The eCATTM (Figure 1) was used in 10 treatment clinics around the United Kingdom to document the examination findings during initial and subsequent consultations, together with a symptom questionnaire. All patients attending clinics were included in this prospective observational pilot study, with the eCATTM being embedded within a digital Patient Management System product with the examination findings able to draw onto the tool and captured as part of the consultation process.

RESULTS

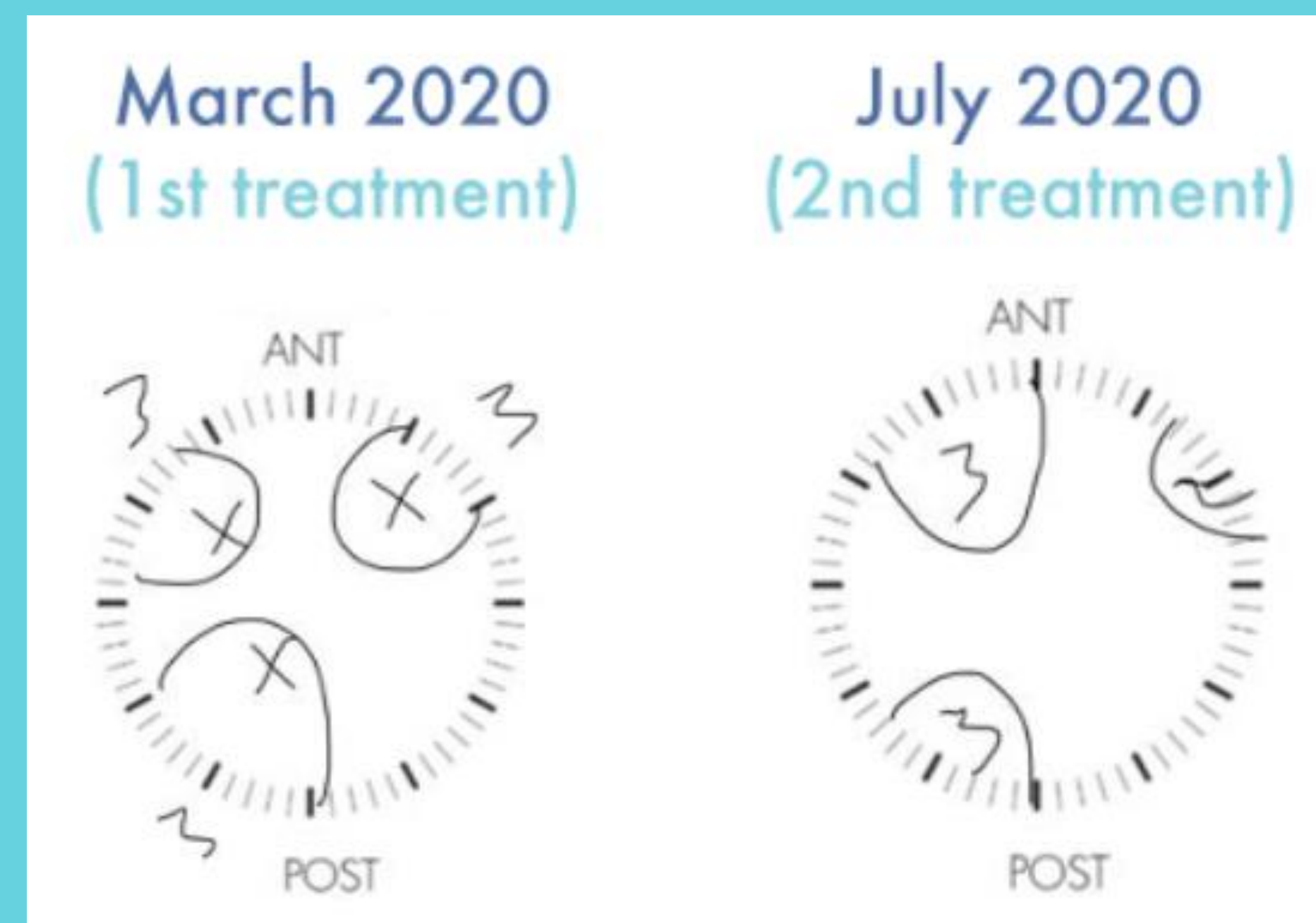
1366 consecutive consultations (781 new consultations, including haemorrhoid disease (HD) treatment using eXroid Direct Current Electrotherapy; 399 follow up consultations with further eXroid treatment carried out; and 186 consultations only with no treatment undertaken) presented between March 2019 and November 2020. The median age of the patients presenting was 54yrs (range 18-96), 62% male, 38% female. The commonest presenting symptoms were bleeding (65%), prolapsing (63%), redness/soreness (49%), itching (35%) and pain (28%).

The eCATTM was used to document the initial findings, including HD, tags, polyps, rashes, fissures and fistulas, and this proved especially useful in those 399 returning for follow up treatments.

The eCATTM enabled documentation of haemorrhoid changes over time, including a change in position, a change in grade/size and a change in the number of haemorrhoids visualised compared to the initial visit, plus any observed healing of concomitant fissures.

Patients liked it, especially as having a pictorial schematic of what was found at each visit was able to be more clearly understood. The tool was anecdotally liked by Primary Care physicians who found it informative as well as educational.

EXROID PATIENT CASE STUDY: MR.W



Using the eCATTM to track and record a typical eXroid patient's treatment journey, we can now demonstrate the link between clinical outcome and a patient's reported symptoms over time.

CONSULTANT OBSERVATIONS:

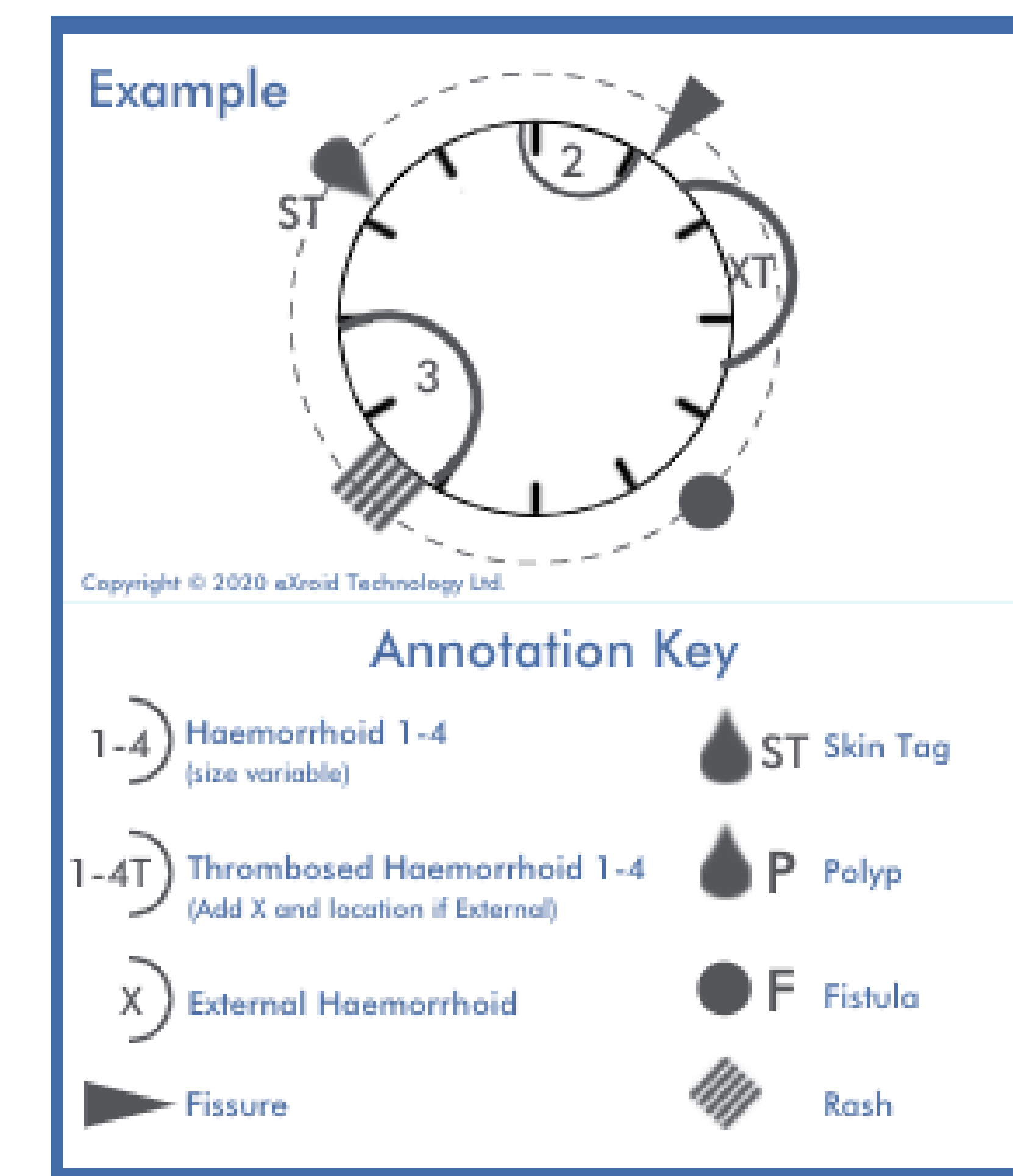
3 large grade 3 haemorrhoids were present at the first appointment. All 3 successfully treated. During the 2nd appointment, 4 months after the first, these had shrunk to smaller grade 3's and a grade 2 haemorrhoid. The grade 3 one at the 10 o'clock position had also moved round to the 11-12 o'clock position. All were successfully treated at the second visit.

PATIENT SYMPTOM REPORT:

After having suffered with haemorrhoids for between 10-20 years, Mr. W reported a significant change to his symptoms after his first appointment and a further significant improvement after the second.

RESULTS

Figure 1



A completed example shows the tool in use. Demonstrating the simple but important information that can be captured at each patient examination.

SUMMARY / CONCLUSION

The eCATTM is a novel tool, liked by patients, and serves to enable a standardised approach to the assessment and documentation of proctological disease. It is useful both at initial examination and as a follow-up assessment tool. In this way, there was a greater appreciation of the changes observed that the eXroid treatment had created from a previous treatment, including some haemorrhoids resolving, and others reducing in size or shifting their position, requiring further targeted treatment.

All doctors using the eCATTM thought that the tool made them think more carefully about what they were looking at, because they were then drawing their findings down both for the patient as well as for themselves or a colleague that might be referring to the tool at another clinic visit.