

**DESCRIPTION OF COURSE UNIT FOR DOCTORAL STUDIES  
AT VILNIUS UNIVERSITY**

<b>Scientific Area/eas, Field/ds of Science</b>	Medical and Health Sciences (M 000): Medicine (M 001)			
<b>Faculty, Institute, Department/Clinic</b>	Faculty of Medicine, Institute of Clinical Medicine, Clinic of Gastroenterology, Nephrourology and Surgery			
<b>Course unit title</b> (ECTS credits, hours)	<b>Coloproctology</b> 8 credits (212 hours)			
<b>Study method</b>	<b>Lectures</b>	<b>Seminars</b>	<b>Consultations</b>	<b>Self-study</b>
Number of ECTS credits	-	-	2	6
<b>Method of the assessment</b> (in 10 point system)	Oral examination. Three questions.			
<b>PURPOSE OF THE COURSE UNIT</b>				
To introduce the students to the principles and algorithms of diagnosis and treatment of colorectal disorders, surgical interventions, their indications and contraindications.				
<b>THE MAIN TOPICS OF COURSE UNIT</b>				
<p>Examination of the patient with colorectal diseases.            Indications and contraindications for colonoscopy, sigmoidoscopy, proctoscopy, x-ray examinations, virtual colonoscopy, CT, MRI. Indications, contraindications and evaluation of anorectal manometry, defecography, bowel transit studies. Indications for endorectal ultrasound and evaluation of the studies.            Congenital colorectal disorders (Hirschprung's disease, idiopathic megacolon, dolichocolon) – etiology, diagnosis and treatment.            Diverticulosis: etiology, pathogenesis, classification, diagnosis and treatment.            Colostomy, classification.            Benign lesions of the colon: etiology, pathogenesis, symptoms, diagnosis and treatment.            Colorectal cancer: etiology, pathogenesis, symptoms, diagnosis, treatment. Principles of diagnosis and treatment of colorectal malignancies, principles of multidisciplinary team work. Indications and contraindications of chemo and radiotherapy. Follow-up after treatment for colorectal cancer.            Inflammatory bowel diseases. Diagnostic and treatment algorithms. Indications for surgical treatment. Restorative proctocolectomy: indications, complications and their treatment.            Colonic fistulas, their causes and types. Diagnosis and treatment.            Congenital rectal disorders. Perirectal cysts. Their location, etiology, pathogenesis and treatment.            Anorectal disorders: coccygeal pain, pruritus ani, anal fissure. Diagnosis and treatment.            Perianal abscess and fistula. Etiology, pathogenesis, diagnosis and treatment.            Hemorrhoids: etiology, pathogenesis, classification, diagnosis and treatment. Anal fissure: etiology, pathogenesis, symptoms and treatment.            Rectal prolapse: etiology, pathogenesis, diagnosis and treatment.            Diagnosis and management of rectovaginal, rectourethral and rectovesical fistulas.            Nutritional support in patients undergoing colorectal surgical treatment.            Minimally invasive surgery for colorectal cancer: methods, indications and contraindications.</p>				

Endoscopic treatment of colorectal disorders. Polypectomy, endoscopic mucosal resections and endoscopic submucosal dissection. Dilation and stenting of colorectal strictures. Endoscopic treatment of colorectal fistulas.

Cooperation of colorectal surgeons and gastroenterologists.

Irritable bowel syndrome, etiology, pathogenesis, diagnosis and treatment. Possibilities of colonic recanalization. One- and two-step surgery in bowel obstruction. Lower gastrointestinal bleeding. Etiology, diagnosis and treatment. The role of CT colonography. Possibilities of embolization, intraoperative colonoscopy and enteroscopy. Results of conservative and surgical treatment, possible combinations of treatment.

Functional coloproctology: conservative and surgical management of constipation. Diagnosis and treatment of obstructed defecation. Medical treatment and indications for surgery. Methods and results of surgical treatment.

Etiology, pathogenesis, diagnosis and treatment of fecal incontinence. Indications for surgery. Methods and indications of surgery. Early and late results.

Multidisciplinary management of pelvic floor disorders and cooperation of gastroenterology, gynecology, radiology, physical therapy and nursing team.

### **RECOMMENDED LITERATURE SOURCES**

1. Pundzius J ir kt. Vadovėlis. Chirurgija (II dalis). Charibdė, 2012.
2. Alexander Herold, Paul-Antoine Lehur, Klaus E. Matzel, P. Ronan O'Connell. Coloproctology 2017 Springer
3. Scott R. Steele, Tracy L. Hull, Thomas E. Read, Theodore J. Saclarides, Anthony J. Senagore, Charles B. Whitlow The ASCRS Textbook of Colon and Rectal Surgery, 2016, Springer
4. David E. Beck, Steven D. Wexner, Janice F. Rafferty. Gordon and Nivatvongs' Principles and Practice of Surgery for the Colon, Rectum, and Anus 2019

### **CONSULTING LECTURERS**

1. Coordinating lecturer: Kęstutis Strupas (Prof. Habil. Dr.).

2. Tomas Poškus (Prof. Dr.).

3. Valdemaras Jotautas (Assoc. Prof. Dr.).

### **APPROVED:**

By Council of Doctoral School of Medicine and Health Sciences at Vilnius University:  
29<sup>th</sup> of September 2022

Chairperson of the Board: Prof. Janina Tutkuvienė