A Tool to Enhance Medical Care, Communication, and Patients’ Understanding of High-Resolution Anoscopy

To the Editor—In response to increasing rates of invasive anal cancer among persons infected with human immunodeficiency virus (HIV) [1], the most recent HIV Medicine Association of the Infectious Diseases Society of America primary care guidelines for management HIV recommend screening for anal cancer precursor using an anal cytology test [2]. A growing number of institutions have implemented screening programs modeled on procedures used in cervical cancer [1]. The equivalent screening procedure to cervical colposcopy is called high-resolution anoscopy (HRA) [3]. HRA is technically more challenging than colposcopy due to the uneven topography and collapsing nature of the anal canal [3]. There is variability in how HRA providers position the patient and document the location of visualized lesions, and little standardization of medical record documentation of HRA findings [4]. Consequently, referring physicians and patients frequently gain little understanding of the nature of findings and goals of the HRA procedure.

We report a figure that has been designed and used at the University California, San Diego, Owen Clinic since March 2012. It illustrates the principal landmarks of the anal canal 3-dimensionally. The purpose of this graphical tool is to complement individual documentation practices and standardize nomenclature of HRA findings regardless of the position of the patient while undergoing HRA.

In our institution, the HRA graphic is incorporated into the clinical notes of our electronic medical record system; it is thus available to any physician involved in the care of a patient who had a prior HRA. In Figure 1, we show an HRA graphic with findings of a patient in the left lateral decubitus position. The lesions identified are documented with respect to their relative position in the anal canal, and narrative descriptions are included at the bottom of the HRA graphic. The HRA graphic facilitates rapid review of prior documented lesions as well as their location. This tool complements 2-dimensional photographic images that may be captured in freestanding image management software. Finally, HRA providers can show the graphic to their patients and explain clearly concepts related to anal pathology including the types of lesions visualized, their locations, clinical significance, and their management implications. We believe this graphic offers a valuable adjunct that enhances documentation, care, and communication.

Graphics such as this could help to standardize communication between medical providers and patients, and could be used in clinical research for documentation of HRA findings during screening for anal cancer precursors. Permission to copy this illustration for educational,
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Notes

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Edward R. Cachay and Wm. C. Mathews
Department of Medicine, Owen Clinic, University of California at San Diego, California

References


Correspondence: Edward Cachay, MD, MAS, University of California, San Diego, 200 W Arbor Drive, San Diego, CA 92103-8881 (ecachay@ucsd.edu).

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