A tool to enhance medical care, communication, and patients' understanding of high-resolution anoscopy

Title
A tool to enhance medical care, communication, and patients' understanding of high-resolution anoscopy

Permalink
https://escholarship.org/uc/item/8wc7x7j4

Journal
Clinical Infectious Diseases, 58(6)

ISSN
1058-4838

Authors
Cachay, ER
Mathews, WC

Publication Date
2014

DOI
10.1093/cid/cit935

License
CC BY-NC-SA 4.0

Peer reviewed
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 technologically 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,
research, and nonprofit purposes, without fee and without a written agreement, is granted provided that the following copyright notice is included: Copyright 2012. The Regents of the University of California. Commercial Rights Reserved.

Notes

Acknowledgments. We thank Connie Landuyt for providing medical and logistic assistance during HRA procedures since the creation of the Owen Clinic in 2000.

Disclaimer. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

Financial support. This work was supported by the Clinical Investigation Core of the University of California, San Diego Center for AIDS Research (AI036214), the CFAR Network of Integrated Clinical Systems (R24 AI067039-01A1), and the Pacific AIDS Education and Training Center.

Potential conflicts of interest. Both authors: No reported conflicts. Both authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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).

Clinical Infectious Diseases 2014;58(6):906–7 © The Author 2013. Published by Oxford University Press on behalf of the Infectious Diseases Society of America. All rights reserved. For Permissions, please e-mail: journals.permissions@oup.com.

DOI: 10.1093/cid/cit935