



COLORECTAL SURGERY

COLORECTAL SURGERY - PROCTOLOGY

ANAL FISSURE TREATMENT

ANAL FISTULA TREATMENT

ANORECTAL MANOMETRY

COLON POLYPS

COLONOSCOPY

COLORECTAL CANCER SCREENING PROGRAMME

DIVERTICULITIS

ENDOANAL ULTRASOUND (EAUS)

FISTULOSCOPY

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LAPAROSCOPIC BOWEL CANCER SURGERY

PILONIDAL SINUS TREATMENT

PROCTOSCOPY

SIGMOIDOSCOPY

At Quickcare our Colorectal & Protology Service offers wide range of minimally invasive and surgical procedures. We use the latest technology to provide advanced endoscopic and proctology solutions such as high Resolution video assisted proctoscopy, high resolution anoscopy, 360 endoanal ultrasound, and video assisted anal fistula treatment.

Our Advanced Proctology Clinic deals with many conditions including:

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0703 649 8251

Hemorrhoids treatment – Advanced treatment using ultrasound assisted technique that preserves anorectal anatomy

Anal fistula – Including Advanced VAAFT treatment – Video Assisted Anal Fistula Treatment)

Anal fissure

Diverticulosis and diverticulitis of the colon and small bowel

Pilonidal Sinus – EPSIT (Endoscopic treatment for a pilonidal sinus) – latest minimally invasive video assisted technique

Anorectal Manometry

Endo Anal Ultrasound (EAUS)

Fistuloscopy

Proctoscopy

Sigmoidoscopy

Warts, dysphasia and anal tumors

Anal or rectal prolapse

Our Endoscopic treatments include:

Colonoscopy

Polyp removal relating to colorectal polyps, small bowel polyps & polyposis syndrome

Colon narrowing

Stent placement

Colon inflammation

Wound & Stoma management:

Quickcare has a dedicated wound care specialist that offers ileostomy and colostomy care.

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ANAL FISSURE TREATMENT

WHAT IS AN ANAL FISSURE?

An anal fissure is a small tear in the lining of the anal mucosa. This can occur as the result of constipation or after passing hard or large stools. This condition can affect anyone and at any age, but is more commonly seen in young infants.

ANAL FISSURE – SYMPTOMS

The signs and symptoms of an anal fissure include:

Pain during and after bowel movements

Bright red blood on the stools and on the toilet paper

A visible tear in the anal canal

Some inflammation and itching sensation

Constipation

CAUSES OF ANAL FISSURE

Below are some of the causes that commonly lead to an anal fissure:

Passing large or hard stools due to constipation

Chronic diarrhea

Giving Birth (Vaginal delivery)

Chron's disease

Anal cancer

ANAL FISSURE TREATMENT

An anal fissure usually heals within a few weeks if you follow the instructions of your doctor. In general, most cases of anal fissure can be treated with nonsurgical methods. However, if the fissure doesn't improve or if you have a severe case from the beginning, you might require surgery.

Nonsurgical Treatments

Your doctor might recommend:

Increasing your fluid intake and a high-fiber diet

Soaking in warm water for a specific length of time each day

Applying some topical anesthetic creams

Applying nitroglycerin directly into the anal sphincter. This helps to relax and increase blood flow to the area, and promote healing in the anal canal

Taking pain killers if needed

Surgical Treatments

In case you have a severe anal fissure or, if after nonsurgical treatments your condition doesn't get any better, your doctor might recommend other procedures, including surgery.

The good news is that all the surgical procedures to treat this condition can be done with minimally invasive surgery, including:

ANAL DILATATION AND BOTOX INJECTIONS. Which gently stretch and relax the anal muscle to allow the fissure to heal.

LATERAL INTERNAL SPHINCTEROTOMY (LIS). Which involves cutting a small portion of the anal sphincter muscle to reduce spasm and pain, and promote healing.

RECOVERY PERIOD

After the procedure, your doctor will recommend you to have a high-fiber diet and even some fiber supplements, along with drinking plenty of liquid. Also, 1-2 sitz bath's a day may be recommended to help improve the healing process.

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COANAL FISTULA TREATMENT

WHAT IS AN ANAL FISTULA?

Normally, the anus contains a large number of small glands that produce mucus. An anal fistula is formed as the result of an abnormal connection between an infected gland of the anus and the skin surrounding the anus, in which the infected content drains to the exterior.

COMMON SIGNS AND SYMPTOMS

The signs and symptoms of an anal fistula include:

Pain and swelling around the anus

Irritation of the skin

Occasional bleeding

Fever or chills

Constant purulent content (pus) drain

Constipation

CAUSES OF ANAL FISTULA

The main cause of anal fistula is the formation of anal abscesses in the anal canal. However, there are some conditions that can increase considerably the probability to develop an anal abscess – and as a result, an anal fistula-, including:

Sexually transmitted diseases

Crohn's disease

Tuberculosis

Diverticulitis

Anorectal cancer

Radiation

ANAL FISTULA TREATMENT

An anal fistula is a complex condition and most of the time requires a surgical procedure to be solved. With this condition, the goal of the surgery is to eliminate the fistula and to protect the anal conduct tissues as well. At King's our minimally invasive procedures minimize the risks, discomfort, and complications compared to traditional surgery techniques.

VAAFT (VIDEO ASSISTED ANAL FISTULA TREATMENT)

VAAFT is a minimally invasive and sphincter-saving technique for treating simple and complex fistulas, in which the surgeon will use small scope to examine the fistula track under direct vision then clean the track and cauterizing it, all the procedure can be done without surgical excision, no big wound. Then its optional to use the injectable collagen to seal the fistula

The main feature of the VAAFT technique is that the procedure is performed entirely under direct endoluminal vision. Moreover, festuolscopy helps to identify any possible secondary tracts or chronic abscesses. The VAAFT technique is sphincter-saving, and the surgical wounds are extremely small.

INJECTABLE GLUE / COLLAGEN – Here, the fistula is sealed by a biological glue/collagen injected directly into the fistula canal, this technique can be used as individual procedure or along with a VAFFT procedure.

SETON INSERTION. In which the surgeon places a special drainage catheter through the fistula, called Seton, in order to allow proper drainage of the abscess.

LASER PROCEDURE. In which the fistula is obliterated by using a special laser through that burns the inside of the fistula.

RECOVERY PERIOD

Most patients can go home within 24 hours after a procedure. At home, you might need to take some pain killers and some stool softeners for several days. Typically you can return to work within 1 week in most cases.

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CANORECTAL MANOMETRY

King's uses the most advanced technological equipment to diagnose conditions of the rectum and sphincter.

WHAT IS AN ANORECTAL MANOMETRY?

The anal sphincter is the ring of muscles that control the opening and closing of the anus. An Anorectal manometry is a test that allows doctors to assess how are the rectum and the anal sphincter are working. The test is done by introducing into the anus a small catheter connected to a machine that records the sphincter pressure.

WHEN WILL YOU NEED AN ANORECTAL MANOMETRY?

The anorectal manometry test is commonly performed in people who have some of the following conditions:

Fecal incontinence

Severe constipation

Hirschsprung's disease in children

WHAT DOES AN ANORECTAL MANOMETRY INVOLVE?

BEFORE ANORECTAL MANOMETRY

After the doctor explains the reasons and the steps of your procedure, you will be asked to take a cleansing bowel formulae (a laxative) at home the day before your procedure.

DURING THE PROCEDURE

Anorectal manometry can be performed in your doctor's office, since it's a very simple and painless procedure. The doctor will ask you to lay on your side, with your knees drawn toward your chest. Then, your doctor will insert in your anus a small catheter -the size of a thermometer- with a small balloon attached at the end. The balloon will be gradually inflated in order to detect the contractions and relaxations of the rectum and anal sphincter during the movements of squeezing and relaxing that your doctor will ask you to do. The catheter is connected to a machine that records all the results during the procedure for later interpretation. The entire procedure usually takes around 10-15 minutes.

AFTER THE PROCEDURE

Usually, the procedure is performed on an outpatient basis and you can go home as soon as the procedure is finished. Also, you can resume your normal activities and diet immediately after the procedure.

POSSIBLE RISKS AND COMPLICATIONS

Anorectal manometry is a very safe procedure with almost no risk associated. You might feel some anal discomfort or irritation after the procedure or minor bleeding if you have any other anorectal conditions like hemorrhoids.

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COLON POLYPS

WHAT ARE COLON POLYPS?

Colon polyps are small and round protrusions of tissue within the colon wall. This is a very common condition and usually harmless. However, some of these polyps can become malignant (cancerous) over time.

An advanced minimally invasive treatment called EMR (Endoscopic Mucosal Resection) for the removal of colon polyps is available in our Advanced Gastroenterology Clinic, delivered by our international expert UK visiting physician, Assoc Prof, Consultant Gastroenterologist Dr Bu' Hayee. This is an

outpatient procedure to remove polyps that avoids surgery. because there is no incision, recovery is faster, and with less pain, compared to open or laparoscopic surgery.

COLON POLYPS – SYMPTOMS

Usually, colon polyps don't cause any symptoms. This is why having a regular screening test is so important, in order to detect and treat them in early stages. However, some people might experience the following symptoms:

Rectal bleeding

Change in bowel habits and stool color

Occasional pain

Anemia

CAUSES OF COLON POLYPS

Colon polyps can be caused either by a genetic condition or as part of the normal aging process. According to the type of mutations and cells contained in the polyps, they could be non-neoplastic or neoplastic polyps, due to their potential to generate cancer.

Some of the following factors are highly related to this condition:

Aging

Obesity

Polyps family history

Tabaco and alcohol abuse

Personal history of inflammatory intestinal diseases

COLON POLYPS SCREENING

There are several ways to screen for colon polyps. Some of these techniques available at King's include:

Colonoscopy – this is the most comprehensive way of screening for polyps. Your doctor may remove them immediately or take a biopsy (tissue sample) for testing.

Sigmoidoscopy – Also called 'Flexible Sigmoidoscopy, is a thin lighted tube inserted into your rectum to examine the sigmoid (this is the last 3rd of your colon) and rectum. If any polyps are found, a colonoscopy is required to remove them.

FIT & DNA test – The fecal immunochemical test (FIT) checks for the presence of blood in your stool, or/and tests your stool DNA. If the test is positive, a colonoscopy will be required.

COLON POLYPS TREATMENT

Due to the probability that some colon polyps can become malignant, your doctor may recommend removal of discovered polyps during an examination of your bowel. There are some different techniques, including:

POLYPECTOMY. Which involves the removal of the polyp with a wire loop during the colonoscopy. This procedure is the best option for small polyps (less than 1 centimeter).

MINIMALLY INVASIVE SURGERY. In case the polyps are too large, your doctor might suggest a laparoscopic intervention to remove them. This involves making several small incisions in your skin and using minimally invasive instruments and a camera to perform the surgery

TOTAL COLECTOMY. In cases of an inherited syndrome with a large number of polyps all over the colon, a total colectomy or proctocolectomy may be discussed.

RECOVERY AND FOLLOW-UP

Usually, recovery after a colon polyp removal via colonoscopy, polypectomy or laparoscopic surgery is relatively quick. Your doctor will make some dietary recommendations for the next few next days.

Since there is a correlation between colon polyps and colon cancer, after you have been diagnosed with colon polyps, and even if they have been properly removed, your doctor will suggest some regular follow-up screenings (through a colonoscopy) for more polyps during the coming years.

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CONSCOLONOSCOPY

COLONOSCOPY - TUMOR RESECTION (WITHOUT SURGERY)

WHAT IS A COLONOSCOPY?

A colonoscopy is a simple procedure which allows your Doctor to examine the rectum and the colon. The procedure involves the insertion of a long and flexible tube attached to a camera (colonoscope), into the rectum. The tiny camera allows the doctor to see inside the colon and to detect any

abnormalities. Also, if necessary, tissue samples of the colon (biopsy) can be taken during the procedure for analysis.

WHY WOULD YOU NEED A COLONOSCOPY?

Some of the principal reasons for having a colonoscopy include:

Intestinal signs and symptoms like persistent abdominal pain, rectal bleeding, chronic constipation or chronic diarrhea.

Personal or family history of colorectal cancer or polyps.

Chronic anemia.

Personal or family history of intestinal inflammatory disease, like Crohn's disease or ulcerative colitis.

Positive stool test for blood or inflammation.

Unexplained weight loss.

WHAT DOES A COLONOSCOPY INVOLVE?

Before the Procedure

After the doctor explains the reasons and the steps of your procedure, you will be asked to take a cleansing bowel formula (a laxative) at home the day before.

During the Procedure

The colonoscopy procedure is done in an endoscopy room. You will be given sedative anesthesia in order to avoid any pain or discomfort. The doctor will ask you to lay on your side and with your knees drawn toward your chest in the bed. The colonoscope is now inserted in the rectum. The camera allows the doctor to see any abnormality in your colon and take a tissue sample or remove it completely if possible. The entire procedure usually takes around 30 minutes.

After the Procedure

Usually, the procedure is performed on an outpatient basis and you can go home after fully recovering from the sedation. Coming back to work will be possible the next day after the procedure.

Colonoscopy is a safe procedure with minimal complications and risk rate.

THE COLONOSCOPY PROCEDURE IS ALSO AVAILABLE IN OUR ADVANCED GASTROENTEROLOGY CLINIC, DELIVERED BY OUR INTERNATIONAL EXPERT UK VISITING PHYSICIAN, ASSOC PROF, CONSULTANT GASTROENTEROLOGIST DR BU' HAYEE.

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UCOLONOSCOPY - TUMOR RESECTION (WITHOUT SURGERY)

WHAT IS A COLONOSCOPY WITH TUMOR RESECTION?

A colonoscopy with tumor resection involves the removal of any abnormal growth inside the colon without the need for open surgery. A long and flexible tube attached to a camera (colonoscope) is inserted through the anus until the tumor area in your colon mucosa. There are two main techniques for this procedure:

Endoscopic mucosal resection (EMR)

Endoscopic submucosal resection (ESD)

According to your case and your doctor's opinion, one of the procedures maybe chosen. The removed tumor will undergo anatomopathological analysis.

WHY WOULD YOU NEED A COLONOSCOPY WITH TUMOR RESECTION?

Mucosal tumors and polyps are one of the most common abnormal growths of the colon. Usually, this type of lesion has a high possibility to turn into a malignant lesions (cancer). This is why doctors recommend extracting them as soon as possible when detected.

WHAT DOES A COLONOSCOPY TUMOR RESECTION INVOLVE?

Before the Procedure

After the doctor explains the reasons and the following steps of your procedure, you will be asked to take a cleansing bowel formula (a laxative) at home the day before.

During the Procedure

The procedure is performed via an endoscope. You will be given sedative anesthesia in order to avoid any pain or discomfort. The doctor will ask you to lay on your side and with your knees drawn toward your chest in the bed. The colonoscope will be inserted into the rectum, and via the endoscopic camera, your doctor will locate the tumor and remove it. The entire procedure will take about 1-2 hours, depending on the tumor size and location.

After the Procedure

Usually, the procedure is performed on an outpatient basis and you can go home after fully recovering from the sedation. Coming back to work will be possible the next day after the procedure.

COLONOSCOPY WITH TUMOR RESECTION POSSIBLE RISKS AND COMPLICATIONS

In general, colonoscopy is a safe procedure with minimal complications and risk rate. Your doctor will discuss any potential risks with you. In some cases, an additional endoscopic procedure or an operation may be needed.

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