



## Surgery-Gastrointestinal Dossier editing:

### Page 214

1. left colic artery → Supplies the distal 1/3 of the transverse colon and descending colon.

SMV drains the cecum and ascending colon . (Corrected)

### Page 221

Low risk table:

-Anal fissure does not cause bleeding, since it is an ischemic area.

Another paragraph:

-Rt sided colon cancer :occult blood is more common than hematochezia.

-Lt sided colon cancer predicted to have hematochezia .

-Hematochezia is the most common symptom of rectal cancer.

### Page 223

Additional important notes:

CEA: tumor marker, increased level of CEA indicates presence of colon CA (Not specific but it is an indication) , CEA Level should be decrease after surgery ( remove of CA).

### Page 224

( to clarify)

1st option to treat colon CA is surgery.

1st step to treat rectal lesions is RTX ( radiotherapy).



**Page 240**

Anus :

Anatomical anal canal length + dentate line above anal verge distance? The correct length it's about 1-1.5 cm not 3 cm as mentioned in dossier.

**Page 245**

Risk factors of hemorrhoids : portal hypertension has nothing to do with hemorrhoids ( correction )