



## ***Guidelines: instruction for use***

The promotion of scientific activities, the prevention and management of disorders and diseases of the colon, rectum and anus are the main objectives that the Italian Society of Colorectal Surgeons (SICCR) is established. In this respect a Commission, similar to the Standards Committee found in international societies, should be composed of members selected for their experience in the field. The Commission's task is to establish the main guidance documents clinical diseases and therapeutic through the drafting of guidelines.

There is a need for the fund well this commitment; in fact, despite investment in clinical research, information on the best diagnostic and treatment modalities are lacking or not always available. By some estimates, more than half of the treatments today are implemented without clear evidence of effectiveness. This uncertainty contributes to great variability in managing clinical problems, with costs and the results differ considerably across the country.

The guidelines aim to remedy that lack and are designed for use by all patients and healthcare providers (professionals and specialists) who want information on the management of pathological conditions treated. However, the direct message you propose assumes a different meaning if it learns is a patient or a caregiver.

In the first case, the content has a popular meaning whereby shows primarily all methods or approaches for this kind of pathology. Each method is then reviewed, specifying the individual advantages and disadvantages on the basis of what has already been pointed out in the evidence-based medicine, which relies on the most recent data reported in the literature. It is crucial that from reading the subject only guidelines consider a disclosure document but not prescription for no reason, whereas the aim is to provide a list of a range of procedures that can be done, without, however, favour a specific form of treatment. If the information was well acquired the subject can consult the specialist with a deeper knowledge and then evaluate the best therapeutic proposals and be able to ask questions more motivated. Another possibility is that the subject surveys on the guidelines after the specialist advice. In the event that the proposal is worded correctly therapeutic, the subject will find confirmation elements to the proposed care or vice versa may request further clarification to the specialist then where there are aspects clarified.

The role of guidelines for a healthcare professional should be analysed from a different perspective. In this context, their purpose is to strive to optimize one or more treatments showing greater reliability in terms of favourable results. Tools that allow pass through a process called validation, designed in the years 90 from Health Services Research Unit of the University of Aberdeen in the United Kingdom and internationally approved. The authors had with prefixes that method to limit inappropriate variations in therapeutic practice (1).

In short, are defined as parameters the levels of evidence and grades of recommendation for each method of diagnosis and treatment. These are all the more valid the more important were the clinical studies that have supported them. In detail, how you look in the Tab. 1, grade and level 1 are at maximum validity. The practical implication leads on the one hand not to consider fixed all the expected care methods when levels or degrees are low and not to consider only those exclusive procedures that they get the same favourable result. Moreover, on this aspect, clarification is required to focus on the misunderstanding. By convention, the Colorectal surgeon who is preparing to treat a disease is in a position to implement all techniques. Moreover, without prejudice to the autonomy of judgment on the correctness of any intervention for the specialist, the lack of experience or a background bias at a given procedure does not justify the reasons not



to implement it. The unilateral use of alternative techniques sometimes involves taking some responsibility especially when it coincides with the medical evidence and therefore lends itself to possible clinical issues.

In conclusion, the role of the guidelines is only advisory and support the therapeutic programme. If the case lends itself to a kind of procedure, no doubt has the advantage of being able to indicate to what extent this should be considered.

The composition of the SICCR follows guidelines therefore address this strategy.

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#### *References*

1) Grimshaw JM, Hutchinson A. *Clinical practice guidelines--do they enhance value for money in health care? Br Med Bull.* 1995;51: 927-40.

*Tab 1 - Validity of the guidelines through levels of evidence and grades of Recommendation*

#### *a) Grading of Evidence*

*Ia: Evidence obtained from meta-analysis of randomised controlled trials*

*Ib: Evidence obtained from at least one randomised controlled trial*

*IIa: Evidence obtained from at least one well-designed controlled study without randomisation*

*IIb: Evidence obtained from at least one other type of well-designed quasi-experimental study*

*III: Evidence obtained from well-designed non-experimental descriptive studies such as comparative studies,*

*correlation studies and case studies*

*IV: Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities*

*Note: Every reference quoted in the text of the detailed version of the guidelines is graded according to this system.*

#### *b) Grading of Recommendations*

*A: Requires at least one randomised controlled trial as part of the body of literature of overall good quality*

*and consistency addressing the specific recommendation (levels Ia, Ib).*

*B: Requires the availability of well-conducted clinical studies but no randomised clinical trials on the topic*

*of recommendation (levels IIa, IIb, III)*

*C: Requires evidence from expert committee reports or opinions and/or clinical experience of respected*

*authorities. Indicates absence of directly applicable clinical studies of good quality (level IV)*