PREFACE

Radiologic and Physiologic Evaluation in Colon and Rectal Surgery

Although not the most glamorous of topics, radiographic studies and physiology testing are vital components to the successful treatment of many of the most common problems encountered by colorectal surgeons. Unfortunately, due to increasing commitments and limited hours, many of our training programs do not place enough emphasis on these important modalities. This issue of *Clinics* provides a review of several well-established and newer aspects of these important adjuncts to our practice, and should serve as a good reference for both practicing colorectal surgeons and those still enrolled in postgraduate training.

The issue starts with a comprehensive review of transrectal ultrasound, manometry, and pudendal nerve terminal motor latency in the evaluation of sphincter injuries by Drs. Brooke Gurland and Tracy Hull from the Cleveland Clinic in Ohio. Brooke and Tracy have an extremely high volume practice devoted almost exclusively to the treatment of pelvic floor disorders. Their vast experience and clinical expertise is readily apparent in their contribution to this issue.

Rectal cancer is being evaluated with an increasing number of modalities. Drs. Bret Edelman and Martin Weiser from the Colorectal Service at the Memorial Sloan-Kettering Cancer Center in New York discuss the vital role of transrectal ultrasound in rectal cancer. This is followed by an article by Drs. Mai-Lan Ho, Judy Liu, and Vamsidhar Narra, abdominal radiologists at the Mallinckrodt Institute of Radiology, Washington University School of Medicine, St. Louis, MO, who describe the increasing uses of magnetic resonance imaging (MRI) in rectal cancer.

Lower gastrointestinal (GI) bleeding can present as a true life-threatening emergency as well as a diagnostic and treatment dilemma. Two of our United Kingdom colleagues, Drs. Helen O'Grady and John Hartley, from the University of Hull and Castle Hill Hospital in East Yorkshire, present their perspective on GI bleeding, confirming the global nature of colorectal surgery.

Evaluation of the small bowel remains a challenge. Drs. Mark Baker, David Einstein, and Joseph Veniero, from the Abdominal Imaging Section at the Cleveland Clinic discuss the exciting and ever-expanding role that computed tomography (CT) and MRI can play in the evaluation of primary small bowel disease.

MRI is also providing improved anatomic evaluations of complex anal fistulas and anorectal sepsis. In a collaboration with the Departments of Colorectal Surgery and Diagnostic Radiology at the Cleveland Clinic, Drs. Myles Joyce, Joseph Veniero, and Ravi Kiran describe their experience and provide useful recommendations.

Finally, CT colonography remains a hot topic in the lay press. Drs. Jacob Thomas, Jeff Carenza, and Beth McFarland from Washington University in St. Louis complete the issue with a discussion of recent improvements in the technology and predict how this modality will transition into community practice.

Editing this issue, combined with a move back to Cleveland, has been challenging, educational, and

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enjoyable. I am confident that our readers will benefit from the information and new perspective provided by this impressive group of authors. I sincerely thank each of the authors for taking the time from their clinical activities and family time to produce a superb issue on

radiologic and physiologic evaluation in colon and rectal surgery.

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Guest Editor