

Anal rectal manometry **instructions.**

Location information:

3800 Reservoir Rd. NW,
Main Building, 2nd Floor, Room M2210
Washington, DC 20007

For procedure questions call **202-444-8541**.
To reschedule a procedure call **202-295-0570**.

Arrive 1 hour prior to your scheduled procedure time.

Things to bring

- Referral (if applicable). Fax to **202-444-4211** prior to your procedure, if possible.
- Your current insurance card(s), co-pay (if applicable), and a government-issued picture ID.
- A list of ALL of your current medications and allergies.

Questions? Nurse/Fellow contact

If you have any questions regarding your procedure, please call:

202-444-8541, Monday- Friday, 8:30 a.m. to 5 p.m. and ask to speak to a nurse.

202-444-7243, Monday-Sunday, 5 p.m. to 8:30 a.m. and ask for the GI Fellow on call.

Preparation

Please give yourself two fleet enemas prior to your study. **Four hours before your procedure** give yourself the first fleet enema (retain for 5 to 10 minutes and expel it). Then, **two hours before your procedure**, administer your second fleet enema (retain for 5 to 10 minutes and expel it). You can buy these enemas from a pharmacy or supermarket.

Please do not eat anything two hours before the procedure. You can still take your regular medications with small sips of water prior to the study.

What is an anal rectal manometry?

The anorectum and pelvic floor work together to help coordinate bowel movements. The anorectal manometry is a test used to evaluate patients with constipation and fecal incontinence. This test measures the pressures and function of the anal sphincter muscles, sensation in the rectum, and the reflexes that are needed for normal bowel movements.

What can the patient expect during the procedure?

The procedure takes approximately 30 minutes. The patient will meet the motility technician or nurse who will be performing the test. The motility technician will explain the procedure and answer any questions the patient may have before the test is started. The patient will change into a hospital gown and lie on his or her left side. The patient will not be sedated during the procedure since he or she will need to squeeze and bear down to mimic having a bowel movement.

A rectal exam will first be performed and then a small, flexible, lubricated catheter with a small balloon at its end, will be inserted into the rectum. The catheter is about the size of a thermometer. The catheter has sensors on it and will be connected to a machine that will measure pressures. During the test, the nurse or technician will ask the patient to squeeze, relax, and push as if having a bowel movement. The small balloon will be inflated, and patient will be asked about rectal sensation. The last part of the test includes a balloon expulsion test. A small balloon is inflated with water. The patient will be asked to go to the bathroom and try to defecate (expel) the small balloon from the rectum. The amount of time it takes to expel the balloon is recorded, as prolonged time can be a sign of dysfunction in the anorectum area.

After the procedure, the patient can resume normal daily activity and diet. The patient can drive home since the patient will not be getting anesthesia.

What can be learned from anorectal manometry?

The anus and rectum contain muscles that help with the passage of bowel movements. This test measures the coordination of the sphincter and pelvic floor muscles that are needed to have a bowel movement.

Normally when stool enters the rectum, the anal sphincter muscles tighten to prevent leakage of stool. If the muscle is weak, incontinence can occur. When a person bears down to have a bowel movement, the rectum generates force to push the stool, and the anal sphincter muscles relax to allow the stool out. If the anal sphincter contracts, instead of relaxing, this may contribute to constipation.

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Anal rectal manometry measures how the muscles in the pelvic floor function and the test provides helpful information to workup underlying constipation or incontinence. If abnormalities are found during the test, they can be treated. Biofeedback or pelvic floor physical therapy can help to strengthen muscles and improve sensation.

Risks of anorectal manometry

Anorectal manometry is a safe, low risk procedure and unlikely to cause pain. The risks are rare and include perforation (tear) or bleeding in the rectum. If the balloon is unable to be passed, it can usually be removed through a rectal exam. In the rare event, the balloon may need to be removed endoscopically. Patients with previous rectal surgery, inflammatory bowel disease, or bowel obstruction are at higher risk and this should be discussed with your doctor. If you are allergic to latex, please inform the nurse or technician.

**It's how we
treat people.**