Digestive Healthcare Center

511 Courtyard Drive,

Hillsborough, NJ, 08844

908-218-9222

**YOUR APPOINTMENT HAS BEEN SCHEDULED FOR**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BOWEL PREPARATION**: Purchase two bottles of Fleet enemas (4.5 fl. Oz.)

2 HOURS PRIOR TO TEST @ \_\_\_\_\_\_\_\_\_\_\_\_ GIVE YOURSELF THE FIRST ENEMA

1 HOUR PRIOR TO TEST @ \_\_\_\_\_\_\_\_\_\_\_\_\_ GIVE YOURSELF THE SECOND ENEMA

**Try to hold the liquid in for 5 minutes if possible**

***\*\*\*There are no dietary restrictions prior to the test\*\*\****

**Day of Test**

The study takes approximately 20 minutes but plan on being here for 30 minutes. You will be asked to change into a hospital gown. A nurse will explain the study to you, take a brief history, and answer any questions you may have. The patient will be positioned on his/her left side. A rectal probe with a balloon at the end will be inserted into the rectum. The rectal probe is connected to machine that measures the rectal pressure. The nurse will ask the patient to squeeze, relax, and push at various times during the test. The anal sphincter muscle pressures are measured during each of these maneuvers. To squeeze, the patient tightens the sphincter muscles as if trying to prevent anything from coming out the rectum. To push, the patient will push using the abdominal muscles, as if trying to have a bowel movement. During the study, the small balloon may be inflated in the rectum to assess the normal reflex pathways. For patients with constipation, at the end of the study, a measurement of the time it takes to expel the rectal balloon from the rectum will be taken. After the study, you may drive yourself home and go about your normal activities.

**What is Anorectal Manometry?**

Anorectal Manometry is a test performed to evaluate patients with constipation or fecal incontinence. This test measures the pressure of the anal sphincter muscles, the sensation in the rectum, and the neural reflexes that are needed for normal bowel movements.

**Risks of Anorectal Manometry**

Anorectal manometry is a safe, low risk study and is unlikely to cause any pain. Complications are rare: it is possible that a perforation (tearing) or bleeding of the rectum could occur. Equipment failure is a remote possibility.

**The reason for the study**

The anal and rectal area contains specialized muscles that are helpful to regulate proper passage of bowel movements. Normally, when stool enters the rectum the anal sphincter muscles tighten to prevent the passage of stool at an inconvenient time. If these muscles are weak or does not contract in a timely way, incontinence (leakage of stool) may occur. Normally, when a person pushes or bears down to have a bowel movement, the anal sphincter muscles relax. This will cause the pressures to decrease allowing evacuation of stool. If the sphincter muscles tighten when pushing, this could contribute to constipation. Anal manometry measures how strong the sphincter muscles are whether they relax as they should during passing stool. It provides helpful information to the physician in treating patients with fecal incontinence or severe constipation.

**Fecal Incontinence**

There are many causes of fecal incontinence. Weak anal sphincter muscles or poor sensation in the rectum can contribute. If these abnormalities are present, they can be treated. Biofeedback techniques using anal manometry and special exercises of the pelvic floor muscles can strengthen the muscles and improve sensation. This can help treat fecal incontinence.

**Constipation**

There are many causes for constipation. Some involve sluggish movement through the whole colon, whereas others involve the anal sphincter muscles. In some patients with constipation, the anal sphincter muscles does not relax appropriately when bearing down or pushing to have a bowel movement. This abnormal muscle function causes a functional type of obstruction. Muscles that do not relax with bearing down can be retrained with biofeedback techniques using anal manometry.