

# Anorectal manometry

Date of test: \_\_\_\_\_

Time to arrive: \_\_\_\_\_

If you need to cancel or will be late on the day of the test, call 682-885-3597. If you need to cancel before the day of the test, call 682-885-1990 as soon as possible.

## Do this at home before the test



We cannot do this test if your child has poop in the anus or rectum. It is very important to follow these instructions or we may need to cancel the test.

Your child will need 2 enemas to clean all the poop out of their anus and rectum.

1. The **night before** the test, give your child 1 pediatric Fleet® enema. Follow the directions provided with the enema.
2. Two **(2) hours before** the test, give your child another pediatric Fleet® enema.

Some children may need something else besides the enemas. Your child's doctor may do an x-ray a few days before the test. This helps us decide if your child needs a different clean out, other than the enema.

***If we give you special instructions, please follow them or you may have to reschedule.***

## On the day of the test

### Where to go

1. Go directly to the surgery waiting room on the 2<sup>nd</sup> floor of Cook Children's Medical Center.
2. Check in and register.
3. We will take you to the Special Procedure Area.

### Understand and agree to the test

We will make sure you understand:

- That anorectal manometry is a test that studies how well the muscles around the rectum work.
- Why we are doing the test.
- The possible risks.

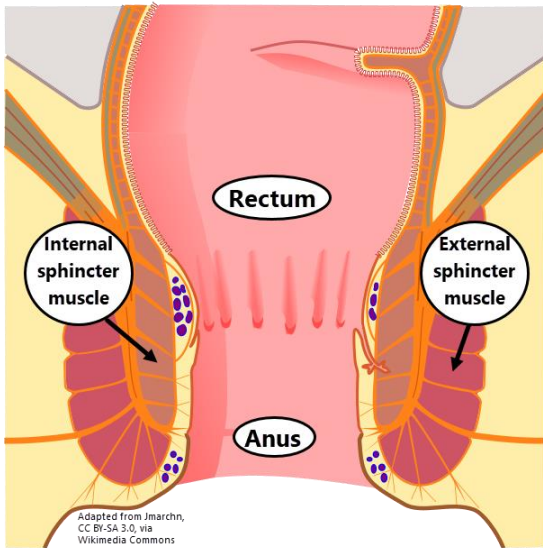
We will answer any questions and ask if you give us permission to do the test.

## Anorectal manometry

Anorectal manometry is a test that studies how well the muscles around the rectum work.

- Two small muscles, called sphincters, form a ring around the anus and help control bowel movements.

- Normally, the muscles stay closed to keep poop from leaking out.
- In order to have a bowel movement, both muscles must relax and open.



## Anatomy of the anal and rectal area

### During the test

The test takes about 1 hour. You can stay with your child. No other children can be in the room during the test.

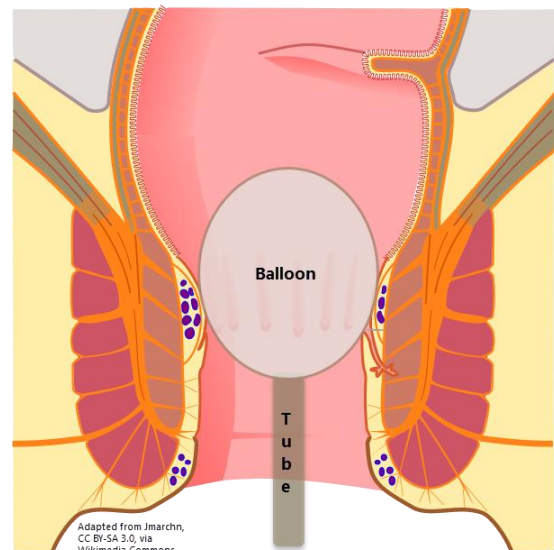


It is very important to be still during the test. If your child cannot do this, the results may not be accurate.

### This is what we do:

1. We show your child the tube we use and explain what we are going to do.
2. Your child will lie down. We cover them up with a warm blanket and have them take off their pants and underwear for the test.
3. They will lie on their left side.

4. We check the rectum to make sure it is clean and doesn't have any poop.
5. If the rectum is empty of poop, we gently place a tube with a balloon into the rectum. We will use lubrication to make it go in easily.
6. We slowly fill the balloon with air. We increase and decrease the amount of air in the balloon several times.
7. The tube connects to a computer.
8. The computer records how well the muscles around the anus are working when the balloon is changing sizes.



### The balloon goes into the rectum and slowly fills to different sizes.

### Does the test hurt?

Your child may feel some pressure when we check for poop in the rectum and when we are placing the tube. They may feel like they have to go to the bathroom. Once the tube is in place, this feeling will get better.

Several times during the test, we increase and decrease the amount of air in the balloon.



**The healthcare provider talked to me about the information in this handout.**

- I know what I need to do.
- I know why doing this is important.
- All my questions have been answered.
- I have a copy of this handout.

\_\_\_\_\_  
**Patient Name**

\_\_\_\_\_  
**Patient, Parent, or Legally Authorized Representative**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signed Name

\_\_\_\_\_  
Your Relationship to the Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time a.m. / p.m.

\_\_\_\_\_  
**For staff use only**

## **Anorectal-Manometry-GI**

**Healthcare Provider**

\_\_\_\_\_  
MRN (Medical Record Number)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time a.m. / p.m.

**Interpreter**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signed Name

\_\_\_\_\_  
Interpreter Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time a.m. / p.m.

\_\_\_\_\_  
Print or imprint Patient Information

MRN \_\_\_\_\_

CSN \_\_\_\_\_