Anorectal physiology test

We hope this factsheet will help to answer some of your questions about having an anorectal physiology test. If you have any further questions or concerns, please don’t hesitate to ask us when you come in for your appointment.

What is an anorectal physiology test?
If you are having trouble opening or controlling your bowels, an anorectal physiology test will help us to find out why. In the test we measure the pressure inside the anus and the rectum to see how well the muscles are working.

Before your appointment
At the end of this factsheet there’s a health history questionnaire about your stools (or poo). One week before your test, start filling in this questionnaire each day.

During an anorectal physiology test, the rectum (the lower part of the bowel) must be empty. We don’t usually send out bowel preparation medicine, so you may wish to take steps to make sure that you go to the toilet and pass a stool before your appointment.

At your appointment
Allow about an hour for your appointment. The test itself usually takes about 25 minutes. Bring your complete questionnaire with you to your appointment.

At the appointment, you’ll meet the clinical scientist or specialist nurse who will be doing the test. We’ll talk with you about the symptoms you’ve written on the questionnaire and give you a chance to ask any questions you have about the test.

We will explain all the risks, benefits and alternatives of the test and ask you to sign a consent form. If you’re not sure about anything, please don’t hesitate to ask a senior member of our team.

During the test
For the test, you will need to remove your clothes below the waist and wear an examination gown. The test itself shouldn’t hurt at all but you may feel a little uncomfortable at times. We won’t give you any medication that could make you drowsy.

The clinical scientist or a specialist nurse will ask you to lie on your left-hand side. Firstly, we will need to find out if there is any stool in the rectum. We test this by gently inserting a finger into the anus. If the rectum isn’t empty, we may give you an enema (medicine in your bottom to empty the rectum) before we start the test.

Once you’re ready to start the test, we will pass a thin catheter (a flexible tube) into your bottom through the anus. This is a special kind of single-use catheter which can be inflated at one end like a small balloon.
We will ask you to relax, squeeze and strain the pelvic floor muscles so that we can measure the pressure in your back passage.

We will slowly inflate the small balloon at the end of the catheter to simulate the arrival of a stool in the rectum. It will feel like you need to go to the toilet but you won’t really need to go. It’s normal to also feel droplets of water during the test. This is because a small amount of water may pass through the catheter and drip onto the skin.

We will also test your anal muscle activity. We may either insert a small flexible sensor into your back passage to test the nerves, or use a small probe to test the anal muscle itself.

**After the test**
After the test you will be free to leave. The test doesn’t usually cause any side effects but please contact us or speak to your GP if you are concerned.

We will analyse your results and send a report to your consultant soon after the test. They will discuss the results with you at your next appointment. We do not usually send the results to patients or their GPs.

**Contact us**
If you have any questions or concerns, please contact Dr Emma Jones, clinical scientist, on telephone: 023 8120 6704

For general enquiries, speak to a member of our patient support services team on telephone: 023 8120 6325

Patient support services
C Level Centre Block
Mailpoint 81
Southampton General Hospital
Tremona Road
Southampton
SO16 6YD

If you need a translation of this document, an interpreter or a version in large print, Braille or on audiotape, please telephone 023 8120 4688 for help.
Please complete the table below during the week before your test.

<table>
<thead>
<tr>
<th></th>
<th>How many times have you passed a stool today?</th>
<th>Indicate the most typical stool type for the day using the Bristol Stool Form Scale.</th>
<th>Have you had any accidents with soiling today? If so, how many?</th>
<th>Have you used any medicines to help you pass a stool or control going to the toilet today? Please write the name of the medicine you used.</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 days before test</td>
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<td>5 days before test</td>
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<tr>
<td>Day of the test</td>
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</tbody>
</table>
The Bristol stool form scale

**Type 1**
Separate hard lumps like nuts (hard to pass)

**Type 2**
Sausage-shaped but lumpy

**Type 3**
Like a sausage but with cracks on its surface

**Type 4**
Like a sausage or snake, smooth and soft

**Type 5**
Soft blobs with clear-cut edges (passed easily)

**Type 6**
Fluffy pieces with ragged edges, a mushy stool

**Type 7**
Watery, no solid pieces, entirely liquid
Health history questionnaire

Please write your answer in the space provided or circle the appropriate response.

Please describe the bowel problem that troubles you most:

How long have you been having your current bowel problems?

Do you get a sudden urgent need to pass a stool?  
Yes  No
If yes, how long do you usually have between feeling the urgent need and passing a stool?

Do you experience difficulty passing stool?  
Yes  No

Do you experience urinary incontinence (losing control of your bladder)?  
Yes  No

Do you regularly bleed when passing a stool?  
Yes  No

Do you experience pain when passing a stool?  
Yes  No

Do you have leakage from your back passage apart from when passing a stool?  
Yes  No
If so, at what times (e.g. walking, in bed, etc.)?

How much leakage do you experience (enough to stain underwear, enough to require a pad, a full stool)?

Are you aware of leakage happening?  
Yes  No

Do you have trouble controlling wind?  
Yes  No

Have you ever had an anal fissure (tear or split in the bottom)?  
Yes  No
If yes, what treatment did you have for it?

Have you ever had haemorrhoids (piles)?  
Yes  No
If yes, how were they treated?

Have you ever had a rectal prolapse (part of your lower intestine falling out of place and protruding from your bottom)?  
Yes  No
If yes, how were you treated for this?
Have you had any other colorectal surgery?  
Yes  No

If yes, please state: _____________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Have you suffered with long-term constipation (since childhood)?  
Yes  No

Have you ever had anal sex?  
Yes  No

Do you suffer from lower back problems?  
Yes  No

Do you suffer from numbness around the anus?  
Yes  No

Have you had radiotherapy treatment to your lower body?  
Yes  No

Do you suffer from a connective tissue disease (such as sarcoidosis, lupus, Raynaud's syndrome)?  
Yes  No

Do you suffer from diabetes?  
Yes  No

Do you suffer from irritable bowel syndrome (IBS)?  
Yes  No

Are you on any medication that may have affected your bowel habits (such as painkillers, anti-depressants, beta-blockers, diuretics, iron, antacids, antibiotics, non-steroidal anti-inflammatories)?  
Yes  No

If yes, please list: _____________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

If there is any other information that you think may be relevant, please write the details here:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
Female patients only

Have you ever given birth?  
Yes  No

If yes, how many times have you given birth at full term (after 37 weeks)?

Were they vaginal deliveries?  
Yes  No

Did you suffer any tearing or complications when you gave birth?  
Yes  No

Please give brief details:

Have you had a hysterectomy (operation to remove your womb)?  
Yes  No

If so, when?

Have you had a bladder repair?  
Yes  No

If so, when?

Have you had any other gynaecological surgery?  
Yes  No

If yes, please state:

Does your bowel problem affect your sex life?  
Yes  No

Please complete this questionnaire before your appointment and hand it to the clinical scientist or specialist nurse performing the test.

Contact us
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