

Your child's awake anorectal manometry test

Information for children, families and carers

We have given you this factsheet because your child's doctor has recommended that your child has an awake anorectal manometry test. It explains what this test is and what it involves, so you know what to expect. We hope this factsheet will help to answer some of the questions you may have. If you have any further questions or concerns, please contact us using the details at the end of this factsheet or speak to a member of our team when you come in for your child's test.

We also have a separate easy read factsheet that may help your child to understand the test. This can be found on our website: www.uhs.nhs.uk/for-patients/patient-information-leaflets

What are the anus and rectum?

The rectum is the last part of the large intestine. It connects to the anus, which is the opening at the end of the large intestine where we pass poo (stools) out of our bodies.

Together the rectum and anus make up the bottom. Both parts contain nerves and muscles that work to give control over when we go to the toilet.

If the nerves and muscles in the bottom are not working properly, this can lead to difficulties with going to the toilet, such as constipation or bowel incontinence (leakage of poo).

What is an awake anorectal manometry test?

An awake anorectal manometry is a test that allows us to see how well the nerves and muscles in the bottom are working.

Why does my child need this test?

Your child's doctor will have explained to you the reasons why your child should have this test.

What are the benefits of this test?

The results from the test will provide your child's doctor with more information about your child's condition which will help them to decide what the best treatment is for your child (for example, practical advice, medication, or surgery).

Are there any risks or potential complications?

An awake anorectal manometry is a safe test, but as with all medical procedures, there are some risks and potential complications. These include:

- a small amount of bleeding from your child's bottom (this is very rare)
- perforation (a tear) of your child's bottom (this is very rare)

We will explain all the risks to you in more detail when you come in for your child's test.

Are there any alternatives?

This test is the only way of measuring pressure within the anus and rectum and will allow us to measure how strong the muscles in your child's bottom are.

How should I prepare for my child's test?

Eating and drinking

Your child can continue to eat and drink as normal up until the test.

Encourage your child to go to the toilet

On the morning of your child's test, encourage your child to try to open their bowels (have a poo) before coming into hospital. Do not worry if they are unable to go or if your child has a stoma (an opening on the surface of your child's abdomen which has been surgically created to divert the flow of poo or urine).

Items to bring with you

Please bring the following items with you on the day of your child's test:

- a list of all the medications your child is currently taking
- something to occupy your child during certain parts of the test (for example, a mobile phone or a tablet)

What will happen before the test?

When you come into hospital for your child's test, we will first ask you some questions about the symptoms your child has been experiencing. We will then explain the test to you and answer any questions you may have. If both you and your child are happy to go ahead with the test, we will ask you to sign a consent form that gives us permission to perform the test.

We will then ask your child to either change into a hospital gown or undress from the waist down, whichever they feel more comfortable doing. If they choose to stay in their own clothes, we will give them a towel to cover their bottom with.

What will happen during the test?

This test can only be performed when your child is fully awake, so we will **not** give them any anaesthesia (medicines used during tests and surgical operations to numb sensation in certain areas of the body or induce sleep) for this test.

We will perform the test in a treatment room in our gastrointestinal (GI) physiology department. For the test, we will ask your child to lie on their left-hand side on a couch. You will be able to stay with your child for the whole test.

We may begin the test by performing a rectal examination. For this, we will use a finger to check it is safe to insert the tube into your child's bottom. It's usually very quick and your child should not feel any pain.

We will then pass a thin catheter (flexible tube) into your child's bottom. Your child may find this a little uncomfortable, but it should not be painful. The catheter will have a small, deflated balloon attached to the end that will be inside your child's bottom. The other end of the catheter will be connected to a machine which will measure and record how well the nerves and muscles in your child's bottom are working. The catheter may leak some water during the test. This is normal and is how the catheter takes its measurements.

We may ask your child to do some exercises while the catheter is in their bottom. For example, squeezing their bottom and pushing down just like they would if they were trying to poo. These exercises will help us assess how well the nerves and muscles are working.

We will then slowly fill the small balloon in your child's bottom with water. This will simulate the sensation of needing to go to the toilet. We will ask your child to describe what they can feel in their bottom and if it is similar to what they feel at home.

Once the test is finished, we will drain the small balloon and remove the catheter.

How long will the test take?

The test itself should take no longer than 30 minutes, but please allow one hour for your child's appointment.

What will happen after the test?

Your child will be able to go home straight after the test and resume their usual activities.

Please note that your child may want to go to the toilet in our department before going home, as they may have a small amount of water left in their bottom after the test. This is normal.

When will I receive my child's results?

We will analyse the data from your child's test and then send a report with our findings to your child's doctor. Your child's doctor will discuss your child's results with you at their next outpatient appointment.

Contact us

If you have any questions or concerns, please contact us.

Gastrointestinal (GI) physiology department
Telephone: **023 8120 4132** (Monday to Friday, 8am to 4pm)

Useful links

www.uhs.nhs.uk/departments/gastroenterology/gastrointestinal-physiology-and-motility/investigations

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone 0800 484 0135 or email patientsupporthub@uhs.nhs.uk

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit www.uhs.nhs.uk/additionalsupport

