

Pediatric Anorectal Manometry (ARM)

What is anorectal manometry?

Anorectal manometry is a test that measures how well the rectum and anal sphincters work together to eliminate stool (feces). The anal sphincter has an internal and external sphincter, or valve, which helps to control continence (passing) of stool. These valves are made of muscles that control the opening and closing of the anus. The test measures the pressures of the anal sphincter muscles, rectal sensation and the reflexes that are needed for normal bowel movements.

What should I expect during anorectal manometry?

Plan to spend 2 hours at the center the day of your procedure. The actual procedure takes approximately 30 minutes to complete. Your child will be lying down during the procedure. A nurse designated by the physician will do the procedure. A small flexible tube (catheter) with a balloon on the end will be inserted through the anal opening, past a ring of muscles called the anal sphincter before passing into the rectum. The small balloon at the tip of the catheter will be gradually inflated. This will cause the nerves and muscles in the rectum and anus to begin to squeeze. The end of the tube remains outside of the anus and will be connected to a computer. The nurse may ask your child to squeeze, relax and push at various times to record the contractions and relaxations of the rectum and anal sphincter (based on child's age and ability to follow these instructions).

What happens after the exam?

Your child may return home and resume their usual diet and activities. Results will be mailed to you 7 to 10 working days after your procedure.

Are there possible complications with anorectal manometry?

This exam is very safe. There are very few potentially serious complications. Your child may feel minor discomfort during the procedure but should not feel any pain. The catheter is latex-free.

Pediatric Biofeedback

Based on the results of your child's anorectal manometry exam, your provider may recommend biofeedback.

What is biofeedback?

Biofeedback for pelvic floor muscle retraining is a treatment to help your child learn to strengthen or relax their pelvic floor muscles in order to improve bowel or bladder function and decrease some types of pelvic floor pain. It uses special sensors and a computer monitor to display information about muscle activity. This information or "feedback" is used to gain sensitivity, and control over pelvic floor muscle function.

What should I expect during biofeedback?

Plan to spend 2 hours at the clinic the day of your procedure. A nurse designated by the physician will perform the biofeedback session. During the session your child will be lying on their side. A small flexible tube (catheter) will be placed in the anal canal and will be connected to a computer that will help measure the activity of the muscles that control bowel and bladder function. As your child tightens or relaxes the muscles, changes are seen on the computer monitor. Visualizing this information, with the aid of the nurse, will help your child to identify the correct muscles and learn to make changes that are needed.

What happens after the exam?

Your child may return home and resume their usual diet and activities. You may be asked to schedule a few weekly sessions over the course of a month. The nurse may make recommendations for exercises to complete at home.

Are there possible complications with biofeedback?

This exam is very safe for your child. There are very few potentially serious complications. Your child may feel minor discomfort during the procedure but should not feel any pain. The catheter is latex-free.

Pediatric Enema Administration

What is an enema?

An enema pushes fluid into the rectum to clear out stool or waste matter with it when it exits the lower bowel.

Preparation and Administration

- Explain to your child why you are giving the enema. You may tell an older child they may feel like they have to go to the bathroom while the solution is flowing in. If this happens, have the child take deep breaths and breathe out through their mouth to help ease this feeling.
- Place a towel on the bed or floor under your child's hips. If you can, give the enema on a tiled floor instead of on carpet.
- Have the child lie on their left side with the right leg flexed toward their chest.
- Administer the enema per instructions on the enema packaging.

What happens after the enema is administered?

- Ask your child to remain in the same position until the urge to have a bowel movement is strong (typically within two to five minutes).
- Have your child sit on the toilet or potty chair to let go of the solution.
- Check the amount of solution that comes out. Most of the enema solution should come out with the bowel movement.

Enema administration and use is very safe, and complications are unlikely. You should call MNGI for any of the following:

- The enema did not make your child have a bowel movement.
- The solution from the enema did not come out.
- Your child has pain that does not stop once the enema is done and after the bowel movement.
- There is blood in the bowel movement.
- The child keeps having a large volume of liquid stool after the enema.
- The child has vomiting, changes in how alert they are, or seizures.