

# Anorectal Manometry

## A Guide for Women

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### What is anorectal manometry?

ARM is a test used to evaluate the function and coordination of the sphincter and pelvic floor muscles of the anorectal region. The study also measures resting and squeeze pressures, as well as the length of the anal canal.

### Why is this test performed?

ARM is performed to better define the following conditions:

- Fecal incontinence
- Chronic constipation
- Rectal prolapse
- Pre-op to evaluate sphincter competence prior to surgery

### What is the preparation for test?

Purchase 2 Fleet® enemas from your local pharmacy **7 days prior** to your procedure.

- The day of your procedure do **NOT** eat or drink anything for 2 hours prior to your scheduled appointment.
- You may take your morning medications with a small sip of water.
- Give yourself one Fleet® enema 2 hours before your appointment. If you have no bowel movement after the enema, you will need to do it again with the second fleet enema.
- You should arrive to your appointment 30 minutes before your schedule appointment.

### About the test

A nurse will perform anorectal manometry after discussing the procedure in detail. You will lie on your left side with your hips and knees flexed. A small, flexible, well lubricated catheter, about the size of a thermometer, with a balloon at the

end is inserted into your rectum. The catheter is connected to a monitor that measures the pressure of several muscles in your rectum. During the study, the small balloon will be inflated to assess the normal reflex pathways. You will be asked to squeeze, relax, and push at various times allowing the nurse to measure the anal sphincter muscle pressure. Two other tests may be performed: (1) An anal sphincter electromyography (EMG) that evaluates the nerve supply to the anal muscle and (2) Balloon Expulsion Test used to measure the time it take to expel the balloon from the rectum.

### What can be learned from ARM?

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 muscle tightens to prevent passage of stool at an inconvenient time. If this muscle is 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 and whether they relax as they should during passing a stool. It provides helpful information for patients struggling with fecal incontinence or severe constipation. There are many causes of fecal incontinence. Weak anal sphincter muscles or poor sensation in the rectum can contribute to fecal incontinence. 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. There are many causes of 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 do not relax appropriately when bearing down or pushing to have a bowel movement. This abnormal muscle function may cause a functional type of obstruction. Muscles that do not relax with bearing down can be retrained with biofeedback techniques.

### Duration of treatment?

The procedure will take approximately 30 minutes.

### What to expect afterwards?

You may drive yourself home, eat and go about your normal activity after the procedure is complete. Please schedule follow-up visit with Dr. Nosti to discuss results of the study. Contact our office with any unusual symptoms or side effects.