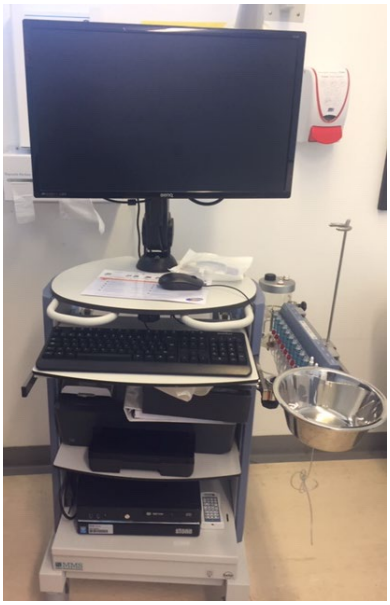
High Resolution Anorectal Manometry

What is Anorectal Manometry?

High-resolution anorectal manometry is performed to evaluate patients with bowel dysfunction (constipation and/or faecal incontinence). This test measures the pressures of the anal sphincter muscles, the sensation in the rectum, coordination, and the neural reflexes that are needed for normal bowel movements. It helps identify the specific factors that may contribute to your symptoms and plan the best management options.

The procedure



Our Nurse Specialist will explain the procedure to you, take a brief health history and answer any questions you may have. Although you consent for this treatment, you may at any time after that withdraw such consent.
You will be asked to remove your clothes waist down and we will offer you a towel to cover yourself. You will be then asked to lie on your left side, with your knees raised so that a small flexible tube about the size of a thermometer can be inserted in to the rectum.

The catheter is connected to a machine that measures the pressure. During the test, the Nurse will ask you to squeeze, relax and push at various times. The anal sphincter muscle pressures are measured during each of these manoeuvres. To squeeze, the patient tightens the sphincter muscles as if trying to prevent anything from coming out. To push or bear down, the patient strains down as if trying to have a bowel movement. This test takes approximately 30 minutes.

What can be learned from this procedure?

The anal and rectal area contains specialised 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 any 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 sphincter muscle also tightens 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 to the doctor in treating patients with faecal incontinence or severe constipation.
There are many causes of faecal incontinence such as weak anal sphincter muscles or poor sensation in the rectum which can contribute to faecal incontinence. If these abnormalities are present, they can be treated with biofeedback techniques.

What are the potential risks and side effects?

Anorectal manometry is a safe, low risk procedure and is unlikely to cause any pain. Equipment failure is a remote possibility

Sources of information

You can find National guidance on the National Institute Healthcare and Clinical Excellence website. www.NICE.org

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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Reference

East Sussex pelvic floor service

Next review date: July 2027
Responsible clinician/author: (Marina Balola, Bowel Dysfunction Specialist Nurse
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