

# Your child's procedure to investigate and treat long-lasting constipation and soiling

**This leaflet is about your child's tests to find how well the muscles and nerves in their bowel work. The different procedures are called an anorectal manometry, an endoanal ultrasound scan and a rectal biopsy. Your child may need an injection of a medicine called botulinum toxin (Botox®) to help their bowel muscles relax.**

Sometimes, your child does not need all the procedures. However, we often do them at the same time in the Evelina London children's day surgery unit.

The leaflet explains what you should do before your child's procedure, on the day of the procedure and when you return home.

## Your child's condition and procedure

### **Why does my child need digestive tests and a Botox injection into the muscles that control their bowels?**

Your child is having procedures to investigate and treat long-lasting constipation and soiling (when they leak poo by accident). Children with these problems often have a large rectum. This is the last part of the bowel. Solid waste (poo) travels down the rectum before leaving the body through an opening called the anus.

Your child may need any of the following procedures:

- **Anorectal manometry**  
This involves passing a balloon on the end of a thin tube into the rectum through the anus. It measures if the muscles in the rectum can squeeze well. We test if the nerves inside the bowel work properly to relax the anus when your child is ready to do a poo. The test also helps us to judge the size of the rectum.
- **Endoanal ultrasound scan**  
This is a type of ultrasound scan that checks the shape and size of the muscles around the anus.
- **Rectal biopsy**  
Sometimes, the tests show that the bowel muscles do not relax properly. We then remove a small piece of the lining inside the bowel and send it to a laboratory to check the nerve cells. This is called a rectal biopsy. It takes a few weeks to get the results.

Your child's surgeon also feels inside the anus to check that it is not too tight. They remove any large solid waste (poo) that may be blocking this part of the bowel.

After doing the various tests, the surgeon decides if your child needs a Botox injection into the anal sphincter muscles. These muscles open and close the anus. Injecting a small amount of Botox into the muscles can relax them for a temporary period. This can treat constipation and help your child to empty poo more fully from their lower bowel.

## Before your child's procedure

### What needs to happen before my child's procedure?

We need to see your child at a pre-admission clinic. This clinic may take place face to face or online. We make sure that your child is ready for an anaesthetic, which is a medicine to make them sleep during the procedure, and surgery.

After the pre-admission clinic, our admissions team contacts you by letter, text message or phone. We offer you a date for your child's procedure. We also explain when your child should stop eating and drinking (fast) before their procedure.

Usually, we also arrange for your child to have an X-ray. Before the X-ray, your child needs to swallow 10 tiny plastic pieces of different shapes in a capsule. They do this for the first 3 days of the 5 days leading up to the procedure. The X-ray helps us to know the size of your child's rectum.

### Do I need to get pain medicine ready for my child?

Please make sure that you have a week's supply of paracetamol (a painkiller) and ibuprofen (an anti-inflammatory medicine) at home before the procedure. We do not routinely give these medicines to take home for your child after day surgery.

You can buy paracetamol and ibuprofen from a pharmacy, supermarket or shop. Paracetamol for children may also be called Calpol<sup>®</sup>. Ibuprofen for children may also be called Calprofen<sup>®</sup> or Nurofen<sup>®</sup>. You need the type of medicine that you would give your child if they were unwell with a cold or ear ache. If your child cannot take paracetamol or ibuprofen for any reason, please speak to their healthcare team about other options.

## On the day of the procedure

### When you arrive at the children's day surgery unit

We give you a time to arrive at the Evelina London children's day surgery unit. It is important that you arrive at the correct time and have followed the fasting instructions for your child. If you arrive late or have not followed the fasting instructions, we may not be able to do the procedure.

You and your child meet the surgical and anaesthetic teams on the admissions ward before the procedure. We confirm that you have given your permission (consent) for the procedure. You can ask us any questions that you may have.

### During the procedure

We give your child a general anaesthetic. This is a medicine that makes your child sleep and stops them feeling any pain during the procedure. You can stay with your child until they are asleep. Please see our separate leaflet called "Your child's general anaesthetic" for details.

When your child is asleep, we do all the digestive tests that they need and any Botox injection.

### Are there any risks to my child's procedure?

Every procedure has some risks of complications. To reduce these risks, we make sure that your child is well at the time of the procedure. We talk to you about the risks in the clinic and before the procedure when we confirm that we have your consent.

This procedure helps us to gather information and decide how to treat your child's constipation in the future. Afterwards, your child may be a bit uncomfortable or pass a little blood. It is rare for this to be more than a few drops.

The main risk is that the tests do not work. For example:

- if your child's rectum is completely full of poo, this may interfere with the test measurements
- if we take a sample (biopsy) for testing, this sometimes does not fully answer our questions and needs to be repeated

A biopsy also increases the chance of bleeding. Your child needs to see a doctor if this is a large amount or does not settle.

If your child has a Botox injection, there is a risk of infection around the bottom. Botox treatment may also make your child leak poo (bowel incontinence). This problem is common in the first few days after the procedure. In rare cases, bowel incontinence may take up to 3 months to settle.

## After your child's procedure

### **How will my child look and feel after their procedure?**

Your child may feel drowsy after their surgery and sleep for a while. They may be restless (agitated) and upset for up to an hour after waking up from the procedure. Some children may have pain and feel or be sick (vomit), but this is not common. During the procedure, we give your child painkillers, fluids and anti-sickness medicines.

### **Will my child be in pain after their procedure?**

Most children are comfortable after having an anorectal manometry and an endoanal ultrasound scan. Some children may have discomfort after a rectal biopsy or Botox injection.

We give your child paracetamol and ibuprofen regularly while they are with us. You can continue to give your child these medicines as needed when they are at home. The nurses can guide you when the next amount (dose) of pain medicine is due.

### **When can my child eat and drink or feed after their procedure?**

Your child should be able to eat and drink or feed as usual within 1 to 2 hours of the procedure.

### **Do we see the surgeon after my child's procedure?**

The surgeon tries to see your child after their procedure. They can then explain what the tests showed and speak with you about your child's treatment. If the procedure was straightforward, the nurses may get permission to send home (discharge) your child without them seeing the surgeon. We explain if your child needs to take antibiotics after their procedure.

### **When can my child go home?**

Your child can go home on the same day as their procedure when they:

- feel comfortable
- can manage (tolerate) their usual food and drink
- are not feeling sick (nausea) or being sick (vomiting)
- are behaving as they usually do

Please supervise your child carefully on the journey home. According to the sudden infant death syndrome (SIDS) guidelines, it is best to avoid long car journeys for babies under 1 year of age. If you travel home by car, it is important that:

- you stop for frequent breaks to feed your baby and change their position
- an adult sits with the baby in the back of the car

## After you go home

### How do I care for my child's wound after their procedure?

If your child has a rectal biopsy, the stitches dissolve on their own and do not need to be removed. They are inside your child's bottom and cannot be seen.

The surgeon may put a dissolvable sponge inside your child's rectum to reduce the chance of bleeding. This may pass out of the body naturally or when your child goes to the toilet. The sponge looks dark and slimy when it leaves the body, but there is no need to worry.

### How can I manage my child's pain after their procedure?

If your child is in any pain, we recommend giving them paracetamol and ibuprofen regularly. Please remember to buy these medicines before the day of your child's procedure. It is also important to make sure that your child drinks plenty of fluids. After 2 days, your child should only need the medicines sometimes. By day 5, they may not need them at all.

It is safe to give the 2 medicines at the same time, ideally with food. This is easier to plan and the medicines work in different ways. You can give your child:

- 1 recommended amount (dose) of paracetamol every 4 to 6 hours and no more than 4 doses in 24 hours
- 1 dose of ibuprofen every 6 to 8 hours and no more than 3 doses in 24 hours

You may find the following chart helpful to keep track of your child's medicines.

## Home medicine chart for parents

Medicine	Time to give	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Paracetamol								
Ibuprofen								

## Do I need to look for any symptoms after my child's procedure?

There is a small chance of bleeding and infection after the procedure. Your child may sometimes pass a little blood with their poo in the first 24 hours after a rectal biopsy. If the bleeding continues, contact a GP or go to your nearest emergency department (A&E). They then get in touch with us if there are any concerns.

## Do you see my child again after their procedure?

Most children have a follow-up appointment with their local specialist doctor. The surgeon explains if your child needs a surgical review. We arrange this between 3 and 6 months after the procedure.

If you live in Lewisham or Kent, we may see your child at one of our local clinics.

### Contact us

If you **cannot keep your appointment**, contact our admissions team, **phone** 020 7188 9098, **email** [gst-tr.paediatricadmissions@nhs.net](mailto:gst-tr.paediatricadmissions@nhs.net)

If your child has a **cough, cold or high temperature** in the 2 weeks before the procedure, contact our pre-assessment team, **phone** 020 7188 7188 extension 58209

If you have any **concerns between 7am and 9pm** about your child's surgery, call the children's day surgery unit, **phone** 020 7188 5300

If you have any **concerns between 9pm and 7am** about your child's surgery, call the Savannah ward through the main switchboard, **phone** 020 7188 7188

If you have any **concerns from 24 hours after surgery** about your child's health, contact your child's specialist surgical team or GP surgery, or **phone** NHS 111

If you are concerned that your child is **seriously unwell** at any time (for example, they are bleeding from the mouth or nose), go to your nearest A&E or **phone** 999

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web** [www.evelinalondon.nhs.uk/leaflets](http://www.evelinalondon.nhs.uk/leaflets)

## Evelina London Medicines Helpline

If you have any questions or concerns about your child's medicines, please speak to the staff caring for them or contact our helpline, **phone** 020 7188 3003, Monday to Friday, 10am to 5pm **email** [letstalkmedicines@gstt.nhs.uk](mailto:letstalkmedicines@gstt.nhs.uk)

## Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS), **phone** 020 7188 8801 **email** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk). To make a complaint, contact the patient resolution team **phone** 020 7188 3514 **email** [complaints2@gstt.nhs.uk](mailto:complaints2@gstt.nhs.uk)



Leaflet number: 5397/VER1

Date published: June 2023

Review date: June 2026

© 2023 Guy's and St Thomas' NHS Foundation Trust

A list of sources is available on request