

Your child's procedure to examine the opening in their bottom (anus)

This leaflet is about your child's procedure to investigate problems with the opening in their bottom (anus) and anal sphincter muscles. These muscles open and close the anus. The different tests are called anal sphincter mapping (Peña electric stimulation) and anal dilatation. 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 a procedure to examine the opening in their bottom (anus) and the muscles that control their bowels?

Your child is having this procedure to check:

- the size and position of the opening in their bottom (anus)
- how well their anal sphincter muscles work (these muscles open and close the anus)

The anus and rectum are the lower parts of the bowel. Solid waste (poo) travels down the rectum before leaving the body through an opening called the anus.

We most commonly do the procedure because a child was born with an anorectal malformation. This is a birth defect that can cause problems when your child does a poo. For example, the opening in their bottom may be in the wrong place or their bowel may not be properly formed. Sometimes, we do the procedure for other reasons.

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.

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®. Ibuprofen for children may also be called Calprofen® or Nurofen®. 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.

If we do anal sphincter mapping, we use a special machine around the bottom that creates an electric current safely. This is called Peña electric stimulation. It makes the bottom squeeze and helps us to understand if the opening in the bottom is well positioned. The procedure would be uncomfortable while awake, but does not hurt when asleep. In rare cases, it may leave tiny marks.

Normally, we use metal rods called Hegar dilators to stretch the bottom. We may have given you one of these rods to use at home or asked you to buy them. At first, we use a small rod. We then gradually use larger rods until we know the size of the opening in the bottom and have stretched it enough.

Sometimes, we use a balloon to stretch the bottom and then do an X-ray to examine the area.

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.

A small amount of bleeding is common around your child's poo or when wiping their bottom after the procedure. Sometimes, there is a teaspoon of blood in their nappy. If this continues or there is more than a teaspoon, you need to take your child to your nearest emergency department (A&E). It is rare for this to happen.

After we have stretched your child's bottom, their first few poos may be uncomfortable. Sometimes, we give you medicine to soften your child's poo (laxatives) or ask you to change their usual medicines.

Stretching is part of your child's long-term treatment to manage the problems with their bottom. It may need to be repeated under an anaesthetic or at home. The stretching procedure may be part of planning for your child to have reconstructive surgery. Your child's surgeon talks to you in detail about the next steps.

It is very rare but possible for a hole to be made in the bowel during a stretch. This may lead to your child being admitted to hospital, having antibiotics or even needing more surgery.

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.

Will my child be in pain after their procedure?

Most children are comfortable after anal sphincter mapping, but some may have discomfort after anal dilatation.

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.

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 should I care for my child at home after their procedure?

Your surgeon explains if:

- you should continue with anal dilation at home
- your child needs antibiotics or laxatives after anal dilation

Laxatives are medicines that soften your child's poo and make it easier to pass. If your child needs new laxatives or other medicines to soften their poo, we will give these to you when you go home.

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

If your child is uncomfortable, you can give them paracetamol and ibuprofen regularly for 2 days after anal dilation. 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?

After your child's procedure, please contact a GP or a member of our team if you feel that they are unwell or notice:

- bleeding
- swelling
- a high temperature (fever) without another obvious cause
- repeated narrowing of the opening in their bottom (anal stenosis), which makes it difficult to do a poo

If you are very concerned or notice these symptoms outside of working hours (Monday to Friday, 9am to 5pm), call 999 or go to A&E immediately.

Do you see my child again after their procedure?

We arrange a follow-up appointment with the children's colorectal team 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

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, 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

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



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