



LOWER BOWEL TESTS

GENERAL INFORMATION

Your doctor has arranged for you to have some tests on your lower bowel/back passage. Each of the tests can tell the doctor something different about how your bowel is working, and enable them to decide on the best treatment for your problem.

This leaflet has been written to give you more information about the tests you are going to have and to ease any concerns that you might have. You may need all or just one of these tests, this will be clearly outlined in your appointment letter. Please complete the enclosed questionnaire and bring it with you to your appointment.

DO I NEED TO DO ANYTHING BEFORE MY APPOINTMENT?

If you are having the 'colonic transit' study (details below), then you will need to stop certain medications (see below). Otherwise, you do not need to do anything before your arrival at the Unit. You can eat and drink as normal and continue to take any other medication that you would normally take. You do not need to use any bowel preparation (laxative, enemas).

DO I NEED TO BRING ANYONE WITH ME?

No. There is no reason why the tests should have any adverse effects. However, you are welcome to bring along somebody for support if you so require.

WHAT WILL HAPPEN WHEN I ARRIVE FOR MY APPOINTMENT?

You will be asked some questions relating to how your bowel works and the problems you have been having. We will then explain the procedures to you and you will be asked to sign a consent form, giving us permission to do the tests. Although there are no risks involved in performing the tests, some patients may find they have some mild discomfort. You will then be asked to change into a gown before the tests are done.

WHAT WILL I NEED TO DO FOR THE TESTS?

In order for us to carry out the tests, you will be asked to lie on a couch on your left side and we will explain to you what we are doing at each stage of the tests.

ARE THESE TESTS PAINFUL AT ALL?

It can be embarrassing and a little uncomfortable to have these tests done on your back passage, but these tests are carried out by professional staff who are committed to ensuring that any discomfort is minimized and that your privacy is maintained at all times.

WHY ARE THESE TESTS NEEDED?

These tests are an important part of the investigation and the future management of your bowel condition. Their results assist your doctor in planning appropriate treatment for you so it is important for you to keep your appointment. If you have any concerns or want further information about these tests please do not hesitate to contact the department on 0207 486 7777.

ABOUT THE TESTS

(YOU MAY NOT UNDERGO ALL TESTS; THIS DEPENDS ON YOUR PRESENTING SYMPTOMS)

ANORECTAL MANOMETRY

This test measures the strength of the muscles in your back passage. To do this, we insert a small tube (only 3 mm thick) and ask you either to relax or perform some simple exercises (e.g. to squeeze the muscles of your back passage, or to cough). This enables us to tell whether the muscles are functioning correctly.

RECTAL SENSATION (PART OF THE ANORECTAL MANOMETRY TEST)

This test enables us to measure how much volume your rectum can hold and how sensitive it is. The small tube, described above, has a small balloon attached to it. We will inflate the balloon with air to determine what you can feel and the capacity of your rectum. During this test we also look for the presence of a nerve reflex in your back passage.

PUDENDAL NERVE FUNCTION TEST

This test studies the function of the nerves in the pelvic floor, which control the muscles in your back passage. This involves inserting a finger-sized probe, with a small electrode on it, through the back passage into the rectum. A very small electric current is then passed over the nerves causing the pelvic floor muscles to twitch. You may feel a pulsing, twitching or prickling sensation in the back passage while we are taking measurements, which can be a little uncomfortable. However the test is very quick (typically taking only a minute).

ENDO-ANAL ULTRASOUND

This test can tell if the muscles around your back passage are intact or damaged. To do this, another finger-sized probe is inserted into your back passage and gently moved in and out so that we can take scans (pictures) at different positions in your back passage. This procedure is not painful.

COLONIC TRANSIT

If you are going to have this test, you will be asked to swallow five small capsules that we will have sent to you. These capsules contain 50 plastic markers which can be seen on X-ray. On the day of your appointment, you will have an X-ray of your abdomen, which will show up any markers left in your bowel.

If you are having this test, you should stop all laxative-type medications (e.g. Fybogel, Lactulose, Movicol, Senna, Ex-Lax, Laxido etc), motility agents (e.g. Prucalopride, Linaclotide, Lubiprostone etc), and the use of suppositories (Glycerine etc) or enemas from the moment you ingest the capsules until after your appointment. Please continue to take all other essential medicines, but if in doubt, please ask us.

EVACUATION PROCTOGRAPHY

This test is used to investigate any problems that you may have when you try to open your bowels. Barium paste (a chalk-like substance which shows up on X-ray) is inserted into your rectum via an examining scope until you have the urge to go to the toilet. You will then be asked to sit on a specially designed toilet in front of an X-ray machine and given instructions to open your bowels so as to pass the barium out of your back passage. While you do this, you will be given privacy behind a screen in a darkened room.

BOWEL FUNCTION QUESTIONNAIRE

Name:.....

Date of Birth:.....

Today's Date:.....

This questionnaire will save time when you attend for your bowel tests, and is designed to gain important information about your symptoms and how much they affect you.

Please complete **ALL** sections and answer **EVERY** question by ticking the appropriate box(es). If you are unsure about how to answer a question, give the best answer you can or you can discuss it with a Functional Gut Clinic staff member when you attend for your appointment.

PLEASE BRING IT WITH YOU TO THE



**AND HAND IT TO ONE OF THE STAFF WHEN YOU
ARRIVE FOR YOUR TESTS**

CONFIDENTIAL

The information within this questionnaire will be treated in strict confidence, and will only be available to the staff within the Functional Gut Clinic

Please answer the following questions by ticking the box next to the answer that best applies to you

1. Frequency of bowel movements

- 0 1-2 times per 1-2 days
- 1 2 times per week
- 2 Once per week
- 3 Less than once per week
- 4 Less than once per month

5. Minutes in lavatory per attempt

- 0 Less than 5
- 1 5-10
- 2 10-20
- 3 20-30
- 4 More than 30

2. Is it painful to open your bowels?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Usually
- 4 Always

6. Do you need assistance to go to the toilet?

- 0 Without assistance
- 1 Stimulant laxatives
- 2 Digital assistance (fingers) or enemas

3. How often do you feel you have incompletely emptied your bowel?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Usually
- 4 Always

7. Unsuccessful attempts to evacuate (you try but can't go) per 24 hours?

- 0 Never
- 1 1-2
- 2 3-6
- 3 6-9
- 4 More than 9

4. How often do you get abdominal pain?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Usually
- 4 Always

8. Duration of constipation (in years)

- 0 0
- 1 1-5
- 2 5-10
- 3 10-20
- 4 More than 20

Please answer the following questions by ticking the box next to the answer that best applies to you

1. How often do you have incontinence ('accidents' / lose control / soil pants) with solid poo?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Weekly
- 4 Daily

2. How often do you have incontinence ('accidents' / lose control / soil pants) with liquid poo?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Weekly
- 4 Daily

3. How often do you lose control of gas / wind in an inappropriate situation?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Usually
- 4 Daily

4. How often do your incontinence symptoms affect your lifestyle?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Weekly
- 4 Daily

5. Do you use a pad or anal plug?

- 0 No
- 2 Yes

6. Do you take regular medications that make you constipated?

- 0 No
- 2 Yes

7. Do you have to rush to the toilet as soon as you have an urge to go?

- 0 No
- 4 Yes

1. Do you suffer with any of the following?

- | | | | | |
|--|--------------------------|----|--------------------------|-----|
| Diabetes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| Irritable bowel syndrome (IBS) | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| Crohn's / Ulcerative colitis | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| Lower back pain / injury | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| Neurological conditions e.g. MS / Parkinson's | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| Depression, anxiety, panic attacks or other problems with your nerves | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |

If **Yes** to any of the above please give details below:

2. Do you suffer with any other medical conditions? No Yes

If **Yes**, please give details below:

3. Have you ever had an operation on your back passage, e.g. piles (haemorrhoids), fistula-in-ano, tears (fissures) etc? No Yes

If **Yes**, please give details below:

4. **Have you ever had an operation on your bowel?** No Yes

If **Yes**, please give details below:

5. **Please give details of any other operations that you have had (including removal of tonsils / appendix etc.)**

Women please note question 1 on next page (6)

6. **What medications (including laxatives) do you take regularly?**

| Drug name | Duration of use | Times per day | Regular or when needed |
|-----------|-----------------|---------------|------------------------|
| | | | |

7. **Do any medical conditions run in the family?** No Yes

If **Yes**, please give details below:

TO BE COMPLETED BY WOMEN ONLY

1. Have you ever had a hysterectomy or other operation on your womb or vagina? No Yes

If **Yes**, please give details below:

2. Childbirth History

Number of deliveries: _____

For each delivery please **tick** appropriate box:

| Delivery number | Year | Normal vaginal delivery | Vaginal delivery with | | Suction | Forceps | Caesarean section | |
|-----------------|------|-------------------------|-----------------------|------------|---------|---------|-------------------|----------|
| | | | tear or | episiotomy | | | emergency | elective |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |

Thank you for taking the time to complete this questionnaire
