



Monica Hum MD • FACS • FASCRS
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ANAL ULTRASOUND – performed in the AC Richardson Center

Anal ultrasound studies are performed to evaluate several conditions including anal cancer, anal fistulas, anal pain, and fecal incontinence. An anal ultrasound probe is gently inserted into the anus and images are taken to evaluate the anal sphincter muscles. You will need to perform two Fleet enemas 2 to 3 hours prior to your procedure appointment time.

PUDENDAL NERVE TERMINAL MOTOR LATENCY (PNTML) TESTING – performed in the AC Richardson Center

PNTML testing can show if there has been damage to the nerves that lead to the rectum and anus. This damage may be present due to straining or previous childbirth. A sensor is placed onto the finger and the nerves are found in the rectum to test how long it takes the anal sphincter muscle to respond to a small stimulus. You will need to perform two Fleet enemas 2 to 3 hours prior to your procedure appointment time.

ANAL MANOMETRY – performed in the AC Richardson Center or the Endoscopy GI Lab

Anal manometry is an important tool to evaluate patients with fecal incontinence. It helps to determine the functional weakness of the internal and/or external anal sphincter. It can also help determine the presence of sensory or muscular defects. The capacity and compliance of the rectum is also measured. A small catheter is placed into your rectum to measure pressures of the anal sphincter muscles and to test your sensory ability. You will need to perform two Fleet enemas 2 to 3 hours prior to your procedure appointment time.

SITZ MARKER STUDIES – performed in the Outpatient Diagnostic Center (ODC)

Colonic transit time (how long it takes for waste to pass through the colon) is measured using radioopaque markers. No laxatives or enemas can be used for 48 hours before the study is started or during the study. The Sitz marker pill is taken orally on a Sunday afternoon. Abdominal x-rays are taken one day (Monday), three days (Wednesday), and five days (Friday) after the Sitz marker is ingested to determine if and when the markers are expelled.

CINEDEFECOGRAPHY – performed in the Outpatient Diagnostic Center (ODC)

Cinedefecography (a defegram) is a video x-ray study of the functional status of the anus, rectum, and sigmoid colon. It is an important part of the physiologic evaluation of patients with constipation, pelvic organ prolapse, and rectal pain. Barium paste (x-ray dye) is instilled into the rectum and dynamic images of the anus, rectum, and sigmoid colon are taken with the patient sitting on a commode. Films are made of the dye during resting, squeezing, and pushing to evaluate the active emptying of the contrast from the rectum.

BIOFEEDBACK THERAPY

Biofeedback therapy involves working with a specially trained physical therapist with the use of instruments to accurately measure, process, and give feedback to individuals and the therapist to correctly contract the pelvic floor muscles. Often, the abdominal and gluteal muscles are incorrectly used in substitution for weak pelvic floor muscles. The goal of biofeedback therapy is to produce a coordinated movement that consists of recognizing and responding to the urge for a bowel movement, then increasing intraabdominal (intra-rectal) pressure while simultaneously relaxing the pelvic muscles. Therapy begins with education, observing a computer screen during different pelvic floor maneuvers, and then training to strengthen or relax the pelvic floor muscles.

Please plan to arrive for your studies one hour prior to your scheduled time for registration and preliminary paperwork.

AC Richardson Center for Pelvic Health: 77 Building, 3rd floor, park in the North parking deck (404) 605-2590
Endoscopy GI Lab: 77 Building, 1st floor, park in the North parking deck (404) 605-3462
Outpatient Diagnostic Center (ODC): 95 Building, park in the South parking deck (404) 605-1810



FECAL INCONTINENCE

Please circle the frequency of symptoms you have below

| Type of Incontinence | Never | Rarely (less than one time per month) | Sometimes (less than once a week but more than once a month) | Usually (less than once a day but more than once a week) | Always (more than once a day) |
|---------------------------------|-------|--|---|---|----------------------------------|
| Solid stools | 0 | 1 | 2 | 3 | 4 |
| Liquid stools | 0 | 1 | 2 | 3 | 4 |
| Gas (flatus) | 0 | 1 | 2 | 3 | 4 |
| Do you wear a pad? | 0 | 1 | 2 | 3 | 4 |
| Does this alter your lifestyle? | 0 | 1 | 2 | 3 | 4 |

- In general, would you say your health is (circle one):
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

- For each of the items, please indicate how much of the time the issue is a concern for you due to the accidental bowel leakage. [If it is a concern for you for reasons other than accidental bowel leakage, then check the box under N/A (not applicable)]

| Due to accidental bowel leakage | Most of the time | Some of the time | A little of the time | None of the time | Not applicable |
|--|------------------|------------------|----------------------|------------------|----------------|
| I am afraid to go out. | 1 | 2 | 3 | 4 | N/A |
| I avoid visiting friends. | 1 | 2 | 3 | 4 | N/A |
| I avoid staying overnight away from home. | 1 | 2 | 3 | 4 | N/A |
| It is difficult for me to get out & do things like go to a movie or to church. | 1 | 2 | 3 | 4 | N/A |
| I cut down on how much I eat before I go out. | 1 | 2 | 3 | 4 | N/A |
| Whenever I am away from home, I try to stay near a restroom as much as possible. | 1 | 2 | 3 | 4 | N/A |
| It is important to plan my schedule (daily activities) around my bowel pattern. | 1 | 2 | 3 | 4 | N/A |
| I avoid traveling. | 1 | 2 | 3 | 4 | N/A |
| I worry about being able to get to the toilet in time. | 1 | 2 | 3 | 4 | N/A |
| I feel I have no control over my bowels. | 1 | 2 | 3 | 4 | N/A |
| I can't hold my bowel movement long enough to get to the bathroom. | 1 | 2 | 3 | 4 | N/A |
| I leak stool without even knowing it. | 1 | 2 | 3 | 4 | N/A |
| I try to prevent bowel accidents by staying very near a bathroom. | 1 | 2 | 3 | 4 | N/A |



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3. Due to accidental bowel leakage, indicate the extent to which you AGREE or DISAGREE with each of the following items. [IF it is a concern for you for reasons other than accidental bowel leakage, then circle the box under N/A (not applicable)].

| Due to accidental bowel leakage | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree | Not applicable |
|---|----------------|----------------|-------------------|-------------------|----------------|
| I feel ashamed. | 1 | 2 | 3 | 4 | N/A |
| I cannot do many of the things I want to do. | 1 | 2 | 3 | 4 | N/A |
| I worry about bowel accidents. | 1 | 2 | 3 | 4 | N/A |
| I feel depressed. | 1 | 2 | 3 | 4 | N/A |
| I worry about others smelling stool on me. | 1 | 2 | 3 | 4 | N/A |
| I feel like I am not a healthy person. | 1 | 2 | 3 | 4 | N/A |
| I enjoy life less. | 1 | 2 | 3 | 4 | N/A |
| I have sex less often than I would like to. | 1 | 2 | 3 | 4 | N/A |
| I feel different from other people. | 1 | 2 | 3 | 4 | N/A |
| The possibility of bowel accidents is always on my mind. | 1 | 2 | 3 | 4 | N/A |
| I am afraid to have sex. | 1 | 2 | 3 | 4 | N/A |
| I avoid traveling by plane or train. | 1 | 2 | 3 | 4 | N/A |
| I avoid going out to eat. | 1 | 2 | 3 | 4 | N/A |
| Whenever I go someplace new, I specifically locate where the bathrooms are. | 1 | 2 | 3 | 4 | N/A |

4. During the past month, have you felt sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile?
- Extremely so – to the point that I have just about given up
 - Very much so
 - Quite a bit
 - Some – enough to bother me
 - A little bit
 - Not at all

Please plan to review your studies with us by making an office appointment scheduled for a few days after all of your studies have been completed. At that time, your options will be discussed with you and you will have an opportunity to ask questions regarding your results. We appreciate your time!