

Hi-Res Anorectal manometry (London Classification)

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|-----------------|-----------------|---------------------|------------|
| Patient name: | AGIP 2026, TEST | Investigation date: | 01/01/2026 |
| Gender: | FEMALE | Hospital: | NHS Trust |
| Date of birth: | xx/xx/xxxx | Investigator: | Name Name |
| Patient number: | 12345 | Referred by: | Dr Surgeon |

London Classification

| | |
|--|---|
| Disorders of anal tone and contractility: | No disorders of anal tone and contractility |
| Disorders of recto-anal co-ordination: | No disorder of recto-anal co-ordination |
| Disorders of rectal sensation: | No disorder of rectal sensation |
| Disorders of the recto-anal inhibitory reflex: | No disorder of the recto-anal inhibitory reflex |

Disclaimer:

As recommended in "Standardized testing protocol and the London classification for disorders of anorectal function", published in NGM 2020

Investigation memo

Indication for testing / Symptoms

Main Symptom: 5-year history of incomplete rectal emptying on defaecation.

She opens her bowels 3 times per day passing soft stool. Defaecation is difficult, where she strains, with a sensation of incomplete rectal emptying. She uses glycerine suppositories and performs vaginal splinting to aid emptying. She takes Laxido. She struggles with post-defaecatory soiling but no other faecal incontinence.

Medical History

Asthma, Hypertension, Back pain

Surgical History

Total abdominal hysterectomy and bilateral salpingo-oophorectomy

Obstetric History

2 vaginal deliveries

1st - forceps assisted

2nd - non-instrumental

Medication

Bisoprolol, Laxido, Salbutamol, Tramadol

Patient Safety

Recent flexible sigmoidoscopy performed - safe to proceed [*include date of endoscopic assessment*]

Digital Rectal Examination

Visual inspection of the perineum revealed an external haemorrhoid at 6 o'clock, with scarring evident to the perineum.

Digital rectal examination revealed a good resting tone. There was good anal contraction on squeeze. On "push", there was good relaxation of the puborectalis. Stool was present within the anorectum. A rectocele was palpated.

Technical Information

Catheter type: [*INSERT CATHETER INFO HERE - e.g. "Laborie Unitip High Resolution Solid State catheter (12 pressure sensor)" or "ManoScan high resolution anorectal 3D catheter" or other*]

Manometry software platform: [*INSERT SOFTWARE INFO HERE - e.g. "Laborie Solar GI High-Resolution Anorectal Manometry system" or "ManoScan AR High Resolution Manometry System" or other*]

Investigation conclusion

Anorectal Manometry Results

Normal Values

Resting Pressure Assessment:

- | | | |
|------------------------------------|---------|---------------|
| • Mean anal canal resting pressure | 45 mmHg | 33 - 101 mmHg |
| • Anal canal length | 3.6 cm | 2.3 - 4.9 cm |

Squeeze Assessment:

- | | | |
|-------------------------------------|---------------------------|---------------|
| • Incremental Anal Squeeze Pressure | 118 mmHg | 45 - 315 mmHg |
| • Endurance Squeeze Length | Maintained for 30 seconds | |

Cough Assessment

| | |
|--|---------------|
| Anal pressure 54 mmHg > Rectal pressure 38 mmHg | Anal > rectal |
|--|---------------|

Push Assessment:

- | | | |
|---------------------------|---------|----------|
| • Maximum rectal pressure | 41 mmHg | >18 mmHg |
| • Anal pressure decrease | 22 mmHg | >0 mmHg |

RAIR Assessment:

- | | |
|--------------------------|------|
| • RAIR present? | Yes |
| • Balloon volume at RAIR | 50ml |

Sensation Assessment:

- | | | |
|-----------------------------------|--------|-------------|
| • First constant sensation volume | 24 ml | 20 - 100 ml |
| • Defaecatory desire volume | 43 ml | 40 - 200 ml |
| • Maximum tolerated volume | 108 ml | 75 - 280 ml |
| • Overall result | Normal | |

Balloon Expulsion Assessment:

- | | | |
|--------------------------------|-------------------------------------|--------------|
| • Was investigation performed? | Yes | |
| • Result | Successful - expelled in 65 seconds | <180 seconds |

Normal values according to Carrington et al, NGM 2014

[note - different normal values may apply for different manometric systems, change where required]

Summary

- No disorder of anal tone and contractility - anal normotension with normal contractility. Able to maintain squeeze for the full 30 seconds.
- Normal cough reflex response
- No disorder of recto-anal co-ordination. Successful balloon expulsion result. Good defaecatory dynamics demonstrated on "push" with appropriate increase in rectal pressure with anal relaxation.
- RAIR evident at 50 ml balloon inflation.
- No disorder of rectal sensation to distension.

Conclusion

Normal result.

Further investigations (e.g. endoanal ultrasound and/or defaecation proctography) recommended for further assessment of symptoms.