Pre-Procedure Instructions for Anorectal manometry

Welcome to the MGH GI Manometry Unit. We would like to make your stay as pleasant and safe as possible. Please read these instructions carefully before your anorectal manometry.

Please plan to spend about one hour in our unit for your procedure. We will do everything possible to avoid a delay in your procedure, but emergencies may interrupt the schedule.

What you need to do BEFORE you start to prepare for your procedure:

1. Call 866-211-6588 to update your registration (if not done within 6 months)

2. Be sure you have an insurance referral, if required by your insurance company.

3. You will not be receiving sedation so you are not required to have an escort.
PREPARATION FOR ANORECTAL MANOMETRY

ONE DAY before your procedure:

1. Purchase 2 Fleet’s enemas from your pharmacy. You do not need a prescription.
2. Fill out the questionnaire that comes with these instructions.

ON THE DAY of your procedure:

1. Take all of your usual medicines. If you take INSULIN, take 1/2 your usual dose.
2. **One hour before leaving home**, administer one Fleet’s enema rectally. If you feel you have not completely cleared out your rectum, you may take the second Fleet’s enema 15 minutes after you have used the first one.
3. **STOP CLEAR LIQUIDS 4 HOURS BEFORE YOUR PROCEDURE** (except for small amount of water with medications). **DO NOT EAT OR DRINK ANYTHING UNTIL AFTER YOUR PROCEDURE.**

Please bring these things **WITH YOU** to your procedure:

1. A list of all of your medications, including the doses
2. Your blue MGH identification card
3. The questionnaire you have filled out.

AFTER your procedure:

1. You may eat your usual diet immediately after the procedure.
2. You may return to work the day of the procedure.

HELPFUL HINTS FOR PATIENTS UNDERGOING COLONOSCOPY

1. If you have questions about your procedure, call the Patient Information Line at (617) 726-0388 and leave a message. A registered nurse will return your call.
2. Answers to frequently asked questions are available on our website at: [www.massgeneral.org/gastroenterology/endo_FAQ.htm](http://www.massgeneral.org/gastroenterology/endo_FAQ.htm)
PROCEDURE CONSENT FORM

PATIENT:

UNIT NO:

PROCEDURE: ANORECTAL MANOMETRY

For Surgical patients,
☐ Right   ☐ Left   ☐ Bilateral   ☐ Not applicable

I have explained to the patient/family/guardian the nature of the patient’s condition, the nature of the procedure, and the benefits to be reasonably expected compared with alternative approaches. I have discussed the likelihood of major risks or complications of this procedure including (if applicable) but not limited to drug reactions, hemorrhage, infection, complications from blood or blood components. I have also indicated that with any procedure there is always the possibility of an unexpected complication.

I have given the patient written teaching materials to help inform him/her.
Conscious sedation is being used for this procedure and I have explained that risks include suppressed breathing, low blood pressure and occasionally incomplete pain relief.
The following additional issues were discussed.

All questions were answered and the patient/family/guardian consents to the procedure.

__________________________________________  Date: ____________________________

(Physician/Licensed Practitioner Signature)

__________________________________________ Has explained the above to me and I consent to the procedure. I understand that Massachusetts General Hospital is an academic medical center and that residents, fellows and students in medical and allied disciplines may participate in this procedure. In addition, I understand that tissue, blood or other specimens removed for necessary diagnostic or therapeutic reasons may subsequently be used by the Hospital or members of its Professional Staff for research or educational purposes.

__________________________________________

(patient’s/health care agent’s/guardian’s/family’s signature*)

*(if patient’s signature cannot be obtained, indicate reason in comments section above.)