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Summary

When to consider anorectal function tests?

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Postgraduate Teaching Programme Barcelona 2026 | Presentation

Neurogastroenterology & Motility | Surgery | Primary Care | Small Intestine & Nutrition

October 17, 2026

The speaker discussed when to consider anorectal function testing in patients with defecatory disorders, emphasizing that while symptoms and physical examination alone can guide treatment, physiological testing improves diagnostic accuracy and enables personalized biofeedback therapy.

KEY POINTS

- The speaker stated that symptoms alone are okay at predicting biofeedback outcomes for defecatory disorders, but physiology criteria are better, and when available, anorectal manometry and balloon expulsion testing are preferable.
- Symptoms most commonly associated with dyssynergic defecation include incomplete emptying, straining, digitation, and painful defecation, along with abnormal behaviors such as prolonged toilet time or positional changes.
- The speaker demonstrated a detailed rectal examination technique including inspection, digital examination with squeeze and push maneuvers, and providing immediate patient feedback about abdominal muscle use, perineal descent, and paradoxical contraction.
- The balloon expulsion test involves inserting a catheter inflated with 50ml of water into the rectum and recording expulsion time; the speaker stated that several studies show it predicts biofeedback outcomes and should probably be added routinely to anorectal manometry.
- In patients with typical symptoms and physical examination findings of defecatory disorder, it can be acceptable to proceed directly to behavioral therapy given low treatment risks and satisfactory outcomes, though anorectal function testing adds diagnostic accuracy and allows tailored biofeedback when availability and cost permit.

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