

Start	End	Topic	Speakers
13:30	13:40	Indication to anorectal manometry	Linda Ferrari
13:40	13:50	Different type of anorectal manometry	Ugo Grossi
13:50	14:00	How to perform anorectal manometry	Alexis Schizas
14:00	14:10	How to interpret anorectal manometry	Ugo Grossi
14:10	14:20	Standardized protocol for anorectal manometry	Linda Ferrari
14:20	14:40	Hands-on practice: 10 different scenario with interpretation and report	Alexis Schizas Linda Ferrari Ugo Grossi
14:40	14:50	Correlation between anorectal manometry and patients' symptoms	Alexis Schizas
14:50	15:00	Discussion and questions	Alexis Schizas Linda Ferrari Ugo Grossi

Aims of Workshop

The aim of this course is to evaluate the importance of standardised protocol to perform and interpret anorectal manometry and its integration with other pelvic floor tests.

Principal aims are:

- Indication to anorectal manometry
- How to perform and interpret anorectal manometry
- Correlation between anorectal manometry and patients' symptoms
- Limitation of anorectal manometry
- Use of standardised protocol to perform and report anorectal manometry

Educational Objectives

In patients with symptoms of faecal incontinence (FI) or obstructive defaecation syndrome (ODS), anorectal manometry plays a significant role to assess motor and sensory dysfunction. The use of a standardised protocol in different institution is important because it will allow in the future to compare data, which was not possible in the past. The main parameters measured in the new standardised protocol allow to provide comprehensive information about patients' disorders.

Learning Objectives

Indication to anorectal manometry

Target Audience

Bowel Dysfunction

Advanced/Basic

Intermediate

Suggested Learning before Workshop Attendance

1. Bharucha AE. Pelvic floor: anatomy and function. *Neurogastroenterol Motil.* 2006 Jul; 18(7):507–19.
2. Lee TH, Bharucha AE. How to perform and interpret a high-resolution anorectal manometry test. *J Neurogastroenterol Motil.* 2016 Jan 31; 22(1):46–59.
3. Carrington EV, Heinrich H, Knowles CH, Rao SS, Fox M, Scott SM. International Anorectal Physiology Working Party Group. Methods of anorectal manometry vary widely in clinical practice: results from an international survey. *Neurogastroenterol Motil.* 2017 Jan 18.18:18.
4. Patcharatrakul T, Rao SSC. Update on the Pathophysiology and Management of Anorectal Disorders. *Gut Liver.* 2018 Jul 15;12(4):375-384.
5. Basilisco G, Bharucha AE. High-resolution anorectal manometry: An expensive hobby or worth every penny? *Neurogastroenterol Motil.* 2017 Aug;29(8):10.1111/nmo.13125
6. Carrington EV, Heinrich H, Knowles CH, et al. The international anorectal physiology working group (IAPWG) recommendations: Standardized testing protocol and the London classification for disorders of anorectal function. *Neurogastroenterol Motil.* 2020 Jan;32(1):e13679.
7. Videlock EJ, Lembo A, Cremonini F. Diagnostic testing for dyssynergic defecation in chronic constipation: meta-analysis. *Neurogastroenterol Motil* 2013;25:509-520.
8. Savoye-Collet C, Koning E, Dacher JN. Radiologic evaluation of pelvic floor disorders. *Gastroenterol Clin North Am* 2008;37:553-567.

9. Hainsworth AJ, Solanki D, Hamad A, et al. Integrated total pelvic floor ultrasound in pelvic floor defaecatory dysfunction. *Colorectal Dis.* 2017 Jan;19(1):O54-O65. doi: 10.1111/codi.13568.