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HOW DO CHILDREN RATE AWAKE ANORECTAL PHYSIOLOGY COMPARED TO ROUTINE VENEPUNCTURE?

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Aim: Children with chronic conditions often have repeated, unpleasant and invasive investigations or treatments e.g. venepuncture (VP), lumbar puncture, MRI, urethral catheterisation, videourodynamics or rectal medications. Clinicians must balance the discomfort of procedures with benefit. We aim to assess children's perception of discomfort when undergoing awake anorectal physiology (AARP), compared to routine VP. All children had chronic constipation (CC) and faecal incontinence (FI) for more than 2 years and were discussed by a multidisciplinary team.

Methods: As part of service evaluation of the Children's Anorectal Physiology Service (CAPS) (November 2016 to January 2017 - 6 months), children with CC/FI undergoing AARP were asked to complete a questionnaire regarding their discomfort perception of AARP compared to routine VP, using a visual-analogue scale (VAS) [0 - no discomfort to 10 - maximum discomfort].

Main Results: The study comprised 18 patients, 11 females, median age of 11 years (range: 3-15). A play specialist enabled AARP in 22% (4/18). The median discomfort threshold for AARP was 3 (range: 0-6) compared to routine VP with a median of 8, (range: 3-15) (Figure 1). AARP was demonstrated to have significantly lower discomfort threshold compared to routine VP ($r = .517$; $p = 0.02$).

Conclusions: This pilot study demonstrates that children report less discomfort from AARP compared to routine VP. AARP is a well-tolerated investigation in children. This information is useful in:

1. Planning/discussing investigations with children with CC/FI and their parents,

2. Reassures clinicians that AARP does not subject children to undue discomfort.

AARP avoids the risk, cost and time of general anaesthesia, as well as, providing additional physiological information (rectal sensitivity, squeeze pressure, endurance squeeze, push and cough reflex). AARP is acceptable to children and it is reasonable to offer AARP as investigation in children with CC and FI.

Figure 1: AARP versus Routine VP