The Children’s Hospital

Rectal Biopsy

Information for parents
Why is a rectal biopsy needed?

The doctor has suggested that your child has a rectal biopsy to help find the cause of the chronic constipation or soiling. By having a rectal biopsy the surgeon will be able to discover if the reason for your child’s problem is caused by a treatable condition known as Hirschprung’s Disease.

What are the benefits?

By having a rectal biopsy the surgeon will be able to discover if the reason for your child’s problem is caused by a treatable condition known as Hirschprung’s Disease.

What is Hirschprung’s Disease?

In this disease some of the normal nerve cells in the bowel are missing. These nerve cells are responsible for the movement of the stool along the bowel and if some of them are missing, constipation or soiling will occur. If your child does have Hirschprung’s disease the treatment for this will be discussed with you at your next clinic appointment.
What are the risks?

This is a simple and safe operation. However, all operations involve the risk of complications. The main complications are:

- Bleeding (anything in excess of 2 tablespoons) – 10% chance of occurring
- There is not enough tissue to make a diagnosis and a repeat biopsy is needed – 20% chance of occurring
- An abscess develops – less than 10% chance of occurring

The doctor will discuss these risks with you in more detail. For information about the anaesthetic risks please see page 4.

Consent

We will ask you for your consent for the operation to go ahead. If there is anything you are unsure about, or if you have any questions, please ask the doctor before signing the consent form.

Are there any alternatives?

This operation is the only way to confirm Hirschprung’s disease.
What does the operation involve?

The operation is done under general anaesthetic, normally as a day case. Your child will be asleep throughout.

In the anaesthetic room

A nurse and parent can accompany your child to the anaesthetic room. Your child may take a toy.

It may be possible to give the anaesthetic with your child sitting on your lap. Your child may either have anaesthetic gas to breathe, or an injection through a cannula (a thin plastic tube that is placed under the skin, usually on the back of the hand). Local anaesthetic cream (EMLA or Ametop, sometimes known as ‘magic cream’), can be placed on the hand or arm before injections so they do not hurt so much. It works well for 9 out of 10 children.

If the anaesthetic is given by gas, it will take a little while for your child to be anaesthetised. They may become restless as the gases take effect. If an injection is used, your child will normally become unconscious very quickly indeed. Some parents may find this frightening.

Once your child is asleep you will be asked to leave promptly. Your child will then be taken into the operating theatre to have the operation or investigation. The anaesthetist will be with your child at all times.

Anaesthetic risks

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, an individual is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia.

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a
short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child’s medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can talk to you about this in detail at your pre-operative visit.

**What happens during the operation?**

While your child is asleep the surgeon will pass a small tube into the rectum (back passage) and snip a very small piece of tissue from the lining of the rectum. This is called a “biopsy”. The tissue is then sent to the laboratory for testing and you will be informed of the results when you come back to the outpatient clinic between 1 and 2 weeks later.

**After the operation**

Your named nurse will make regular checks of your child’s pulse and temperature and also check any rectal bleeding. The nurse will also make sure your child has adequate pain relief. (Please see our separate pain relief leaflet.)

**Recovery from a general anaesthetic**

Once your child is awake from the anaesthetic they can start drinking, and if they are not sick they can start eating their normal diet.

The minimum recovery time before discharge home is 2 hours. In some circumstances your child may be allowed home before they have passed urine. If your child has not passed urine before bedtime, please contact the ward for advice.
Your child cannot go home on public transport after a general anaesthetic. You should bring loose fitting clothes for him/her to wear on the journey home.

Occasionally, the anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is rest and small, frequent amount of fluid, and toast or biscuits. If the vomiting persists for longer, please contact your GP.

The hospital experience is strange and unsettling for some children, so do not be concerned if your child is more clingy, easily upset or has disturbed sleep. Just be patient and understanding.

Wound care and hygiene

Your child can have a quick bath or shower daily but do not use bubble bath. You may notice a small amount of old blood in his/her nappy or in the toilet for a few days afterwards. If your child passes any fresh blood in excess of 2 tablespoons, please contact the ward.

How to contact us if you have any concerns

If you have any worries or queries about your child once you get home, or if you notice any signs of infection or bleeding, please telephone the Ward and ask to speak to one of the nurses (see telephone numbers on page 7). Or contact your GP.

Getting back to normal

Your child will benefit from extra rest for a day or two after the operation. It might be a little uncomfortable for your child to open their bowels for a few days after the operation. Calpol will
help with this. If your child goes to nursery or school, they can go back after a day or two.

Follow-up care

Please ensure that you have adequate Calpol and ibuprofen at home. Your nurse will tell you if you need a follow-up appointment – the letter will come by post. Please contact the hospital switchboard and ask to speak to the secretary of your consultant if this does not arrive.

Your appointment will be in Children’s Outpatients in approximately .................... weeks / months.

Contacts and telephone numbers

If you have any questions or concerns, or need any further information, please contact us.

Your named nurse is

Children’s Day Care Ward       Tel: 01865 234148
Tom’s Ward                     Tel: 01865 234108 or 234109
Drayson Ward                   Tel: 01865 231237
JR Hospital switchboard:      Tel: 01865 741166
Please bring this leaflet with you on the day of your child’s admission.

We hope that this information is useful to you and would welcome any comments about the care or information you have received.

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call 01865 221473 or email PALSJR@orh.nhs.uk

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