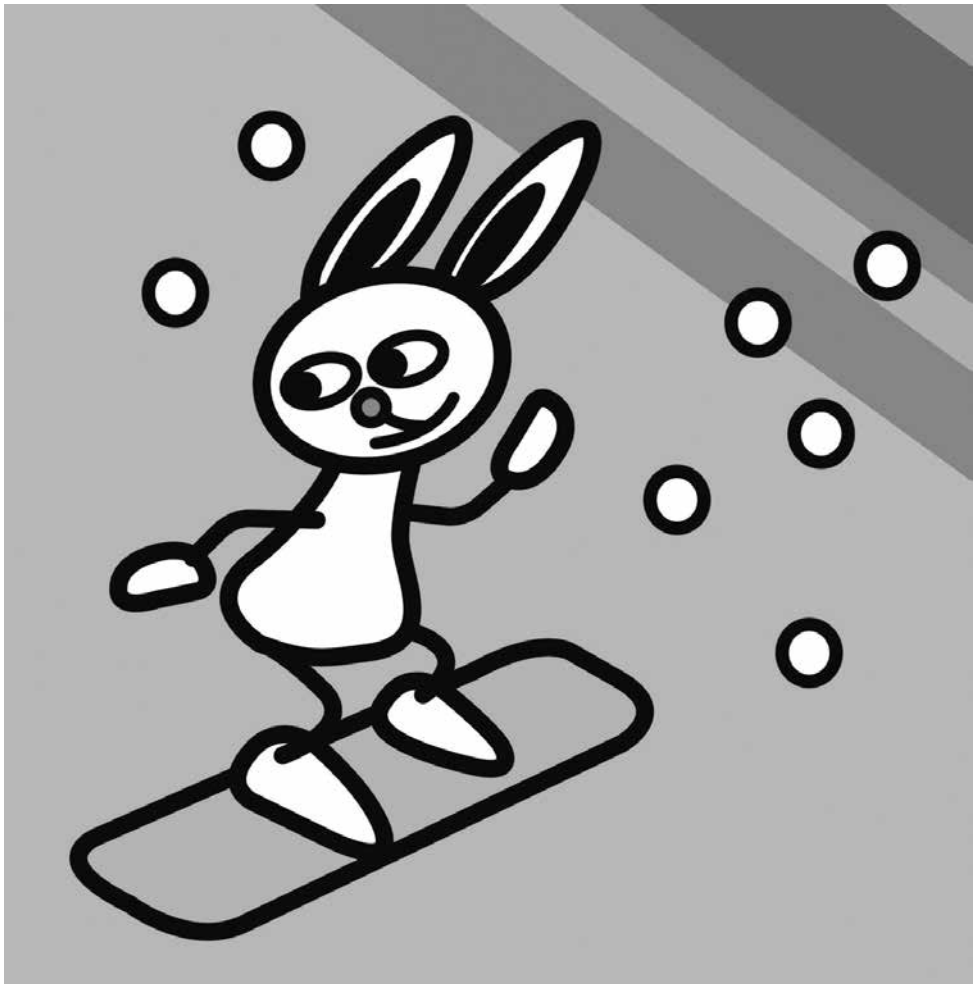


Rectal biopsy

Information for parents and carers



What is a rectal biopsy?

A rectal biopsy is when a small piece of tissue is taken from the lining of the rectum (back passage). Your child's doctor has suggested that they have this procedure to help find the cause of chronic constipation or soiling.

A rectal biopsy will diagnose if your child's problem is caused by a treatable condition called Hirschsprung's disease.

What is Hirschsprung's Disease?

This is a rare condition that causes poo to become stuck in the bowels. It mainly affects babies and young children.

Normally, the bowel continuously squeezes and relaxes to push poo along. This is a process controlled by your nervous system.

In Hirschsprung's disease, the nerves that control this movement are missing from a section at the end of the bowel, which means poo can build up and form a blockage. This can cause severe constipation. The condition is usually picked up soon after birth and treated with surgery as soon as possible.

If your child does have Hirschsprung's disease, the treatment for this will be discussed with you at their next clinic appointment.

What are the benefits of a rectal biopsy?

The benefit of your child having this procedure is that it will diagnose whether their problem is caused by Hirschsprung's disease, which is treatable.

What are the risks?

This is a simple and safe operation. However, all operations will carry some risks. The main risks of this operation are:

- bleeding (more than two tablespoons) (10 in 100 chance of occurring)
- not enough tissue being collected to make a diagnosis, meaning a repeat biopsy is needed (20 in 100 chance of occurring)
- an abscess developing (less than 10 in 100 chance of occurring)
- a small hole being made (perforation) in the rectum (less than 1 in 100 chance).

The doctor will discuss these risks with you in more detail.

For information about the anaesthetic risks, please see page 6.

Are there any alternatives?

This operation is the only way to confirm Hirschsprung's disease.

What happens during the operation?

The operation is carried out under general anaesthetic, normally as a day case, which means your child should be able to go home later that day. Your child will be asleep throughout the operation.

The surgeon will pass a small tube into your child's rectum and will collect a very small piece of tissue from the lining of their rectum. This is called a 'biopsy'. The area where the sample is collected is usually left to heal naturally, or may be closed with dissolvable stitches.

If your child has severe faecal impaction (where they are very constipated and the poo is stuck), the poo will be cleared out at the same time.

The operation takes about 30 minutes, but your child will be away from the ward for about an hour or so. This is to allow the anaesthetic to take effect before the operation and then give them time to come round afterwards.

The tissue will be sent to the laboratory for testing and the results will be available approximately 2 weeks later.

Consent

We will ask you for your written consent (agreement) 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.

Fasting instructions

Please make sure that you follow the fasting (starving) instructions which should be included with your appointment letter.

Fasting is very important before an operation. If your child has anything in their stomach whilst they are under anaesthetic, it might come back up while they are asleep and get into their lungs.

Pain assessment

Your child's nurse will use a pain assessment tool to help assess your child's pain score after their operation. This is a chart which helps us to gauge how much pain your child may be feeling. You and your child will be introduced to this assessment tool either at their pre-assessment visit or on the ward before their operation. You can continue to use this assessment at home to help manage your child's pain if you wish.

Pregnancy statement

All girls aged 12 years and over will need to have a pregnancy test before their operation or procedure. This is in line with our hospital policy.

We need to make sure it is safe to proceed with the operation or procedure, because many treatments including anaesthetic, radiology (X-rays), surgery and some medicines carry a risk to an unborn child. The pregnancy test is a simple urine test and the results will be available immediately. If the result is positive we will discuss this and work out a plan to support your child.

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, a person is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia¹.

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 before the operation.

In the anaesthetic room

A nurse and one parent can come with your child to the anaesthetic room. Your child can also take a toy or comforter.

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 put on their hand or arm before injections so they do not hurt as 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 go to sleep very quickly. Some parents may find this upsetting.

Once your child is asleep you will be asked to leave quickly so that the medical staff can concentrate on looking after them. The nurse will take you back to the ward to wait for your child.

Your child will then be taken into the operating theatre to have the operation or investigation. The anaesthetist will be with them at all times.

After the operation

Your nurse will make regular checks of your child's pulse, temperature and wound. They will also make sure your child has adequate pain relief until they are discharged home.

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 is 2 hours. This is usually enough time for us to check that your child is recovering well. It also gives us time to check that your child is passing urine (having a wee) after the operation. In some circumstances your child may be allowed home before they have passed urine. If your child has not passed urine within 6 hours of the operation, please contact the ward for advice.

Your child cannot go home on public transport after a general anaesthetic. You will need to take them home by car. This will be more comfortable for them, and also quicker for you to return to the hospital if there are any complications on the journey home. You should bring loose fitting clothes for them 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 amounts of fluid, toast or biscuits. If they are sick and this continues for longer than 24 hours, 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 each day, but do not use perfumed bubble bath or shower gel until the wound has healed – this usually takes about 2 weeks. You may notice a small amount of old blood in their nappy or in the toilet for a few days afterwards.

Please let us know if you are concerned about your child following the operation, in particular if you notice:

- that they pass more than two tablespoons of fresh blood
- they have new or increased pain not relieved with regular analgesia (pain relief)
- they have a high temperature (this could be a sign of infection).

Getting back to normal

Your child will benefit from extra rest for a day or two after the operation. It is best to keep them off nursery or school for 2 to 4 days. They can return to sporting activities such as PE, bike riding, swimming, etc. after 2 weeks.

It might be a little uncomfortable for your child to open their bowels for a few days after the operation. Children's paracetamol will help with this.

Your child's surgeon may also recommend using rectal suppository medication (to prevent constipation) for 2-3 days after the procedure, in addition to any laxative medicines your child is taking.

Follow-up care

Please make sure you have enough children's paracetamol and ibuprofen at home. We will give you a short supply of these to take home, but you may need to continue with more of your own supply when these run out. Please see our separate leaflet 'Pain relief after your child's day case surgery' for more information on how much and when to give pain relief.

Your child can continue to take paracetamol and ibuprofen for up to 5 days. After this, they should only need occasional doses. If they are still in pain after 5 days you should phone the Ward for advice.

Your child's follow-up appointment in the Children's Outpatients department will usually be in 2-3 months. The letter confirming the date and time will come by post. Please speak to your child's consultant's secretary if this does not arrive within 1 month.

How to contact us if you have any concerns

If you have any worries or queries about your child once you get home, or you notice any signs of infection or bleeding, please telephone the Ward and ask to speak to one of the nurses. You can also contact your GP.

Children's Day Care Ward: 01865 234 148/9
(7.30am to 7.30pm, Monday to Friday)

Outside of the hours, you can contact:

Robin's Ward: **01865 231 254/5**
Melanie's Ward: **01865 234 054/55**
Tom's Ward: **01865 234 108/9**
Bellhouse Drayson: **01865 234 049**
Kamran's Ward: **01865 234 068/9**
Horton General Hospital Children's Ward:..... **01295 229 001/2**

All of these wards are 24 hours, 7 days a week.

Oxford University Hospitals Switchboard: **0300 304 7777**

Further information

You can find further information about Hirshsprung's disease on the following websites:

NHS Choices

www.nhs.uk/conditions/Hirschsprungs-disease/Pages/Introduction.aspx

British Association of Paediatric Surgeons

www.baps.org.uk/parents/Paediatric-conditions

We also have information about coming into hospital on our website:

www.ouh.nhs.uk/children/documents/literature-list.pdf

References

¹From the Royal College of Anaesthetists (2014) Fourth Edition
Your child's general anaesthetic. Information for parents and guardians of children.

www.rcoa.ac.uk/patientinfo

*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 have a specific requirement, need an interpreter,
a document in Easy Read, another language, large print,
Braille or audio version, please call **01865 221 473**
or email **PALS@ouh.nhs.uk**

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