

Anorectal Manometry (ARM)

What is ARM?

Anorectal manometry is a diagnostic test used to evaluate the function of your anal & rectal muscles, or “anorectal sphincter”. These muscles control how stool is released from the body, & play a pivotal role in maintaining resting continence.

Uses

ARM is used to evaluate the root cause of symptoms such as:

- Chronic constipation
- Laxative dependence
- Fecal incontinence, leakage or smearing
- Anorectal pain
- Difficulty having a bowel movement, &
- Childhood constipation

Procedure



- A small, flexible catheter about the size of a thermometer, with two small balloons attached to the end, is used to measure pressures in the anorectal sphincter, sensation in the rectum, & normal reflexes required to have a bowel movement
- We like to tell our patients it's like an **EKG** of their bottom!
- Through this information, providers are better able to understand the **root cause of patient symptoms** & design a treatment plan specific to individual needs

Prep

Prep is simple and nothing like colonoscopy prep. Just 1-2 Fleet® enemas 2 hours before your study & limited food consumption during that same time

Duration & Recovery

- 15-minute procedure, no sedation or driver required
- Patients can resume their normal activities & diet immediately following

Results & Risks

- Helps pinpoint symptom causes & target management approaches
- Depending on study findings, Biofeedback Therapy may be recommended.
- Safe, low-risk procedure
- Offers high caliber information to help guide management
- All catheters used at our facility are latex-free

Biofeedback Therapy

What is it?

A first-line treatment for chronic constipation due to disordered defecation & fecal incontinence. Retrains pelvic floor muscles using visual cues & targeted exercises.

How does it work?

- A thin, flexible catheter measures muscle activity while a TV monitor provides real-time feedback to the patient.
- Exercise helps restore muscle coordination, reduce laxative dependence, & improve bowel control.

Is it effective?

- Half of people who seek treatment for chronic constipation are found to have dyssynergic defecation.
- With dyssynergic defecation the puborectalis muscle & internal & external anal sphincters fail to contract & relax in a coordinated fashion, resulting in symptoms of constipation or difficulty having a bowel movement.
 - Literature supports Biofeedback Therapy as an effective option to improve patient symptoms & quality of life & minimize medication dependence.
 - Simply treating symptoms with long-term laxative therapy will not address the root cause: Retraining your anorectal muscles to work properly will!

Sessions & Prep

- The biofeedback system used at our center offers patients an option to retrain their pelvic floor muscles without the need for more invasive treatments
- Measuring instruments, a balloon catheter, & TV monitor are used to provide patients with an awareness of the functions of their body
- The sessions are relatively painless & convenient & have the potential to provide a long-term solution to frustrating symptoms & medication reliance
- 4-6 sessions are typically required

Pain & Coverage

- Little or no pain
- Covered by most insurance plans
- ARM testing is required prior to personalized treatment



Dr. Anubha Sinha is a Board Certified female Gastroenterologist with additional Fellowship and Advanced Training in Motility Disorders by the American Neurogastroenterology and Motility Society (ANMS).



Anorectal Disorders

Your care made easy without surgery

Do you suffer from chronic constipation, laxative dependence, fecal incontinence or frustrating, embarrassing hemorrhoidal symptoms?

...We have the answers!



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📧 www.Hunterdondigestivehealth.com

Location 1:

📍 267 US HWY 202-31 Flemington, NJ 08822

Location 2:

203 Omni Drive, Hillsborough, NJ 08844

"YOUR HEALTH IS OUR PRIORITY"

Hemorrhoids

Over 10 million Americans suffer from hemorrhoids, and 3 out of 4 people will experience them at some point. While surgery is often feared, only a small percentage require it.

At Hunterdon Digestive Health Specialists, we offer effective, minimally invasive treatments to resolve your symptoms once and for all.

What are Hemorrhoids?

Hemorrhoids, or piles, are varicose veins in the rectum or anus, often caused by chronic constipation, straining, pregnancy, or excess abdominal pressure. These natural tissue cushions help maintain continence but can become problematic when blood flow is hindered, causing them to swell. They can occur at any age and affect both men and women equally.

What Causes Hemorrhoids?

- We all are born with blood vessels that feed the bottom and provide healthy blood supply to this area, removing deoxygenated blood and returning it to the heart. When blood flow through these vessels is restricted, they can become weak and distend, & eventually become fat knobby like varicose veins in the legs.
- Most commonly, “problematic” hemorrhoids develop slowly over time as a result of increased pressure within the hemorrhoidal plexus, typically due to increased pressure in the abdomen caused by prolonged straining during bowel movements, or as a complication of pregnancy. A history of chronic constipation & hard stools often predates hemorrhoidal disease.

Several factors contribute including:

- Age
- Chronic constipation or straining, diarrhea, too much time spent on the toilet
- Consuming a low-fiber diet
- Pregnancy or difficult labor
- Obesity, weight gain
- Genetics/hereditary factors
- Heavy lifting or physical labor
- Prolonged sitting or standing: anything that puts extra pressure on these vessels, hindering blood flow



Hemorrhoids / Piles

Symptoms of Hemorrhoids

The most common symptom is **wipe-type bleeding**, where bright red blood appears on toilet paper or in the stool after straining.

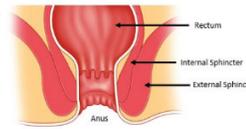
- While often caused by hemorrhoids, any rectal bleeding should be evaluated by a medical professional, as it may indicate a more serious condition like colorectal cancer or inflammatory bowel disease.

DO NOT IGNORE RECTAL BLEEDING

Contact our office to discuss your symptoms.

Other Symptoms

- Difficulty keeping clean
- Fecal leakage or smearing
- Protrusion, or a lump felt, during or after bowel movements
- A sensitive lump felt in the anal area
- Pain
- Itching



Diagnosis

Diagnosis is made through a combination of history and visualization of the affected area via anoscopy, sigmoidoscopy, or colonoscopy.

Different Types of Hemorrhoids

Internal hemorrhoids

Found inside the rectum above the dentate line, are typically painless but tend to bleed.

Prolapsed hemorrhoids

A severe, painful type; where veins prolapse through the anus & hang out of the body, often after a bowel movement.

External hemorrhoids

Small hemorrhages (bleeds) under the skin around the anus that feel like hard lumps.

Hemorrhoids Treatment

Prevention & Management

Hemorrhoid treatment begins with managing constipation and related issues like laxative dependence or chronic diarrhea. Staying hydrated, eating fiber-rich foods, and staying active aid bowel regulation. Biofeedback therapy may help with dyssynergic defecation.

At Hunterdon Digestive Health Specialists, we don't just treat your hemorrhoids, we evaluate and address the root cause of your symptoms to prevent disease recurrence.

State-of-the-art technology including high-resolution anorectal manometry (ARM) is used to evaluate your symptoms, followed by specialized management options including pelvic floor biofeedback therapies, hemorrhoidal banding, Infrared Coagulation (IRC), and Hemorrhoid Energy Therapy (HET).

Treatment Options Without Surgery

- Rubber Band Ligation – Uses suction to place a band around the hemorrhoid, shrinking it. Requires an average of 3 outpatient sessions.
- Endoscopic Banding – Similar to ligation but done under anesthesia.
- Infrared Coagulation (IRC) – Uses infrared light to shrink hemorrhoids.
- Hemorrhoid Energy Therapy (HET) – Performed with colonoscopy or sigmoidoscopy under light anesthesia, using heat to reduce hemorrhoids in one session.

Procedure FAQs

- Sedation? Usually not needed for banding and IRC; HET is done under light anesthesia.
- Prep? None, unless combined with a colonoscopy or sigmoidoscopy.
- Insurance? Covered by most insurance plans!
- Sessions? Banding: on average, 3-4 outpatient sessions for banding, 1 for IRC, 1-2 for HET.
- Benefits: Quick, minimally invasive, outpatient options, no sedation or prep required, little to no pain or downtime, covered by most insurance plans.

Do you suffer from embarrassing odor, leakage, difficulty keeping clean, irritating itch, pain or discomfort? Difficulty pooping? The sensation of incomplete emptying? Unpredictable bowel movements? Concerns about intimacy? Birth trauma?

Don't wait! Call today! Our team is here to help you!

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