

Children's Services

Rectal biopsy in children – advice for parents and carers

What is a rectal biopsy and why is it undertaken?

A rectal biopsy is carried out to help diagnose disorders of the bowel. This involves taking a small amount of tissue (biopsy) from the rectum using either a 'suction' or 'open' technique.

A 'suction rectal biopsy' is undertaken in young babies using biopsy forceps which are inserted into the anus and a small piece of tissue (biopsy) is taken. This procedure is usually undertaken without an anaesthetic as it is not painful and takes only a few (10 to 15 approximately) minutes.

An 'open rectal biopsy' is undertaken in all older children and also in infants where a suction rectal biopsy is not possible. The open rectal biopsy is taken while the child is under a general anaesthetic and the internal wound is closed with dissolvable stitches.

Before the procedure

- Some children will have already been admitted to hospital due to being unwell and have the biopsy taken whilst in hospital. Other children will have been well enough to be at home and so be admitted specifically for the biopsy to be taken.
- The surgeon will explain whether your child requires a suction or open rectal biopsy and a parent/carer with parental responsibility will need to sign the consent form.
- Infants having a suction rectal biopsy can usually continue to be fed as normal. All children who have a biopsy under general anaesthetic must be starved before the procedure. You will be given information on when to stop your child from drinking/eating by a nurse.

After the procedure

- Aftercare depends on your child's health before the rectal biopsy was taken.
- Infants who have undergone a suction biopsy and were feeding before it was taken can usually continue to feed as normal. Infants who were admitted specifically for the suction biopsy can usually go home four hours after the biopsy was taken. A Paediatric Surgery team member will phone you as soon as the results are available; this is usually within 14 days.

- All infants who have needed a general anaesthetic will need to stay in hospital overnight to recover fully but can usually be fed as normal once fully awake.
- Older children can usually recommence normal feeding as soon as they are fully awake and can go home about four hours after the biopsy has been taken and resume normal activities. A member of the paediatric surgery team will telephone you with the results; this is usually within 14 days.
- A bed is provided for a parent to stay with any child who needs to stay in hospital overnight.
- Some children will have been having rectal washouts (that is, irrigation of the rectum and lower bowel to clear stool) prior to the rectal biopsy being taken. In those children rectal washouts are usually not recommenced until 24 hours after the biopsy has been taken to prevent complications such as bleeding and infection.
- All children will be monitored by a nurse for a minimum of four hours to assess for bleeding from the biopsy site. Passing a small amount of blood (especially when your child is passing stool 'having a poo') is common.

What are the complications of a rectal biopsy?

Complications from this procedure are uncommon but can include:

- Infection.
- Bleeding - passing a small amount of blood (especially when your child is passing stool 'having a poo') is common. Passing larger volumes of blood is uncommon and would require urgent medical review.
- Perforation of the bowel.
- The need for a repeat biopsy if the initial sample was inadequate in size or quality.

What happens to the biopsy after it has been taken?

The biopsy is analysed by a doctor (Histopathologist) who specialises in children's specimens. Tissue samples are processed into wax blocks, and microscope slides prepared from these blocks. Tissue blocks and slides will be kept indefinitely as part of the medical record and all tissue is handled in accordance with protocols which are compliant with the Human Tissue Act 2004 and other relevant codes of practice. Biopsy results are provided to your child's Consultant and then you will be informed of them.

How do parents/legal guardians get results?

When children are very unwell and have needed to be in hospital before the biopsy was taken, the specimen is dealt with on an urgent basis so that results can be known within 24 to 48 hours in most cases.

Where children have been admitted specifically for the rectal biopsy on an 'elective' basis (i.e. by appointment) the results will usually be known within two weeks of the biopsy being taken.

If your child has remained in hospital after the biopsy, you will be informed of the results by a member of the Paediatric Surgery Team as soon as they know them. If your child has been discharged home after the biopsy, you will be telephoned by a member of the Paediatric Surgery Team as soon as results are known.

Discharge advice

- Your child will be reviewed by a member of the Paediatric Surgery Team prior to discharge.
- If your child experiences any pain we advise that you give Paracetamol ('Calpol') and/or Ibuprofen ('Brufen' or 'Junifen'). Please follow the instructions on the bottle. Rectal medicines (called suppositories) must not be given for at least two weeks after the biopsy has been taken.
- Your child may pass some old coloured blood or a small amount of fresh blood (the size of a two pence piece) from their anus particularly when they pass stools. This should stop spontaneously and can occur for a few days up to a week after the procedure. If your child has a significant amount of fresh bleeding or an increase in pain then please seek advice from your GP or Paediatric Surgery Team.

Follow up

Your surgeon will inform you of any follow up and a letter will be sent in the post with the specific date and time.

For further information/queries please contact:

The ward you were on.....

Your nurse specialist...01223 586973.....



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patient.information@addenbrookes.nhs.uk



Document history

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