

Contraindications to HR-ARM:

At appointment, the practitioner performing the HR-ARM investigation should be aware of any red flags (according to local guidance; see also list below). If any current sinister pathology is suspected, this needs to be documented, the referring clinician informed without delay, and the procedure postponed until the issue is resolved.

Red flags:

- *Known anal or rectal stenosis or stricture*
- *Known acute inflammation of rectum (proctitis) or colon (IBD, diverticulitis etc.) or strong suspicion based on undiagnosed rectal bleeding +/- diarrhoea*
- *Recent rectal surgery with anastomosis (avoid balloon distension for 6 months post-surgery) or any question of ongoing anastomotic leak*
- *Previous radiation therapy to the anorectum (within past 6 months)*
- *Pre-operative assessment of anal or rectal cancer OR strong suspicion of new rectal cancer diagnosis that has not been investigated (e.g. bleeding with diarrhoea)*
- *Any anorectal surgery within the last 3 months (excluding minimally invasive procedures, e.g. seton insertion, haemorrhoidal banding)*
- *Polypectomy within the last 4 weeks*
- *Faecal impaction*
- *<20 weeks gestation or prior to gross abnormality scan (balloon distention not performed in all cases)*

SIGNED:

DATED:

It is the opinion of the above signee that this patient is suitable to proceed with HR-ARM studies without prior rigid/flexible sigmoidoscopy or colonoscopy.

This document is valid for 12 months from the date of signing.