Appendix 1 (as supplied by authors): **Suggested management pathway for patients with possible proctalgia fugax**¹ (Summary of evidence for treatment modalities in footnote 2)

- History and examination
- Psychological assessment to exclude depression or anxiety
- Fulfilment of Rome III criteria (footnote 1)

Further investigations (consider referral):
- Routine
  - Rigid sigmoidoscopy
  - Proctoscopy
- Resistant symptoms/patients with complicated history:
  - Endoanal ultrasound
  - +/- anorectal manometry
  - MRI anus & rectum

Differential Diagnoses:
- Rectal ischemia
- Inflammatory bowel disease
- Cryptitis
- Intramuscular abscess
- Anal fissure
- Hemorrhoids
- Prostatitis
- Coccydynia.
- Rectocele
- Defecatory disorders

No organic cause identified and symptoms > 3 months

1. Reassurance and warm baths

2. Topical glyceryl trinitrate 0.1% or diltiazem 2% prn

3. Salbutamol inhalation 200µg regular tds/prn

Lack of symptom resolution

Counselling of risk and benefits of other possible treatments

- Warm water enema at the time of symptoms
- Clonidine 150µg BD
- Local anesthetic block or botulinum toxin injection

Footnote 1: Rome III criteria for functional anorectal pain (2)

<table>
<thead>
<tr>
<th>Chronic proctalgia</th>
<th>Proctalgia fugax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must include all</td>
<td>1. Recurrent episodes of pain localised to the anus or lower rectum</td>
</tr>
<tr>
<td>1. Chronic or recurrent rectal pain or aching</td>
<td>2. Episodes last from seconds to minutes</td>
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<tr>
<td>2. Episodes last at least 20 minutes</td>
<td>3. There is no anorectal pain between episodes</td>
</tr>
<tr>
<td>3. Exclusions of ischemia, inflammatory bowel disease, cryptitis, intramuscular abscess and fissure, hemorrhoids, prostatitis and coccydynia.</td>
<td></td>
</tr>
</tbody>
</table>

**Levator ani syndrome**  
- As for chronic proctalgia and tenderness during posterior traction on the puborectalis

**Unspecified Functional Anorectal Pain**  
- As for chronic proctalgia but no tenderness during posterior traction of puborectalis

Footnote 2: Summary of recommended treatment modalities for proctalgia fugax with USPSTF level of evidence

<table>
<thead>
<tr>
<th>Authors</th>
<th>Treatment Modality</th>
<th>USPSTF level of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3-5) Penny. 1970; Karras &amp; Angelo. 1951; Olsen. 2008</td>
<td>Tap/hot water enema</td>
<td>B</td>
</tr>
<tr>
<td>(4, 6) Karras &amp; Angelo. 1951; Potter &amp; Bartolo. 2001</td>
<td>Hot baths</td>
<td>B</td>
</tr>
<tr>
<td>(7) Boquet et al. 1986</td>
<td>Oral diltiazem</td>
<td>B</td>
</tr>
<tr>
<td>(4, 8, 9) Karras &amp; Angelo. 1951; Clayton. 1985; Lowenstein &amp; Cataldo. 1998</td>
<td>Glyceryl trinitrate</td>
<td>B</td>
</tr>
<tr>
<td>(10) Swain. 1987</td>
<td>Clonidine</td>
<td>D</td>
</tr>
<tr>
<td>(11, 12) Katsinelos et al. 2001 ;</td>
<td>Botulinum toxin injection</td>
<td>A</td>
</tr>
<tr>
<td>Reference</td>
<td>Year</td>
<td>Treatment Method</td>
</tr>
<tr>
<td>-----------</td>
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</tr>
<tr>
<td>Sanchez Romero et al. 2006</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wright. 1985 ; Wright. 1991; Eckhardt et al. 1996</td>
<td></td>
<td>Salbutamol inhalation</td>
</tr>
<tr>
<td>Bascom. 1998</td>
<td></td>
<td>Pudendal nerve block</td>
</tr>
<tr>
<td>Waldman et al. 1991</td>
<td></td>
<td>Superior hypogastric plexus block</td>
</tr>
</tbody>
</table>
