Anorectal physiologic abnormalities have been reported more consistently with SRUS. When compared with case-matched groups of patients without SRUS and patients with overt rectal prolapse, patients with SRUS were noted to have significantly elevated anal squeeze pressures on anorectal manometry (Figure 9-1), whereas defecography showed paradoxical contraction of the puborectalis muscle (Figure 9-2), failure to completely empty the rectum, and a longer mean straining duration.

This suggested that despite similar symptoms, a cause-effect relationship between SRUS and rectal prolapse cannot be established. Two other studies comparing anorectal manometry and the balloon expulsion test between patients with SRUS and healthy controls showed statistically significant abnormal balloon expulsion tests and impaired anal relaxation in the SRUS group. Both of these studies confirmed the presence of a higher anal squeeze pressure in the SRUS group, with one of