Imperforate Anus, Female, Total
Pre-op and Procedure

If a baby girl has imperforate anus, she will need surgery to fix it. She was born with the condition. It means that her anus (the opening where bowel movements leave the body) did not form correctly while she was still in the womb. There may not be an opening. The opening might be in the wrong place. Or, it may be blocked. Surgery should be able to correct this. Sometimes, more than one operation is needed. The first surgery is usually done when she is one or two days old. More operations may be needed over the next year. The goal is to create a safe way for bowel movements (stool) to leave the body.

The type of surgery will depend on her specific condition. The child's overall health can make a difference, too.

- With a mild case, the condition often can be repaired with just one operation. The surgery is called perineal anoplasty.
- For more severe cases, a temporary fix may be needed first. This is called a *colostomy*. An opening is created between the colon and the skin on the abdomen so the baby can have bowel movements. These will drain into a bag. Later, surgery (called a posterior sagittal anorectoplasty) will be done to repair the bottom section of the large intestine (*rectum*) and create a new anal opening. Then, after awhile, the colostomy will be undone. This usually happens 3 to 6 months later.

BEFORE SURGERY

- A parent or guardian for a child having surgery needs to give what is called informed consent. This requires signing a legal paper that gives permission for the procedure. To give informed consent:
  - You must understand how the procedure is done and why.
  - You must be told all the risks and benefits of the procedure.
  - You must sign the consent.
  - Signing should be witnessed by a healthcare professional.
- You will need to talk with an anesthesiologist. This is the person who will be in charge of the anesthesia (medication) during the child's surgery. General anesthesia (which puts her to sleep during surgery) is almost always used. Ask any questions you have about this.
- Surgery is often done when the child is just 1 or 2 days old. This could be for a colostomy or perineal anoplasty. In either case, hospital caregivers will handle the preparations.
- After a colostomy, the baby may go home. When she is ready for the next surgery:
  - Do not give her aspirin or non-steroidal anti-inflammatory drugs (NSAIDs) for a few weeks before the surgery.
  - She should not eat or drink anything for 6 to 8 hours before the procedure. Make sure that all people who care for her know about this.
  - Before bringing the child to the hospital, you might be asked to wash her with an antibacterial soap. This helps prevent infection.
  - Arrive at least an hour before the surgery, or whenever her surgeon recommends. This will give you time to check in and fill out any needed paperwork.
  - The child will need to stay in the hospital for a few days after surgery. A parent or guardian should plan to stay with her overnight.

LET CAREGIVERS KNOW ABOUT:

If the child has been home and is returning to the hospital for surgery, it is important to remind her healthcare providers about her condition. Do not assume they already know everything. Tell her caregivers about:

- Any allergies she has developed.
- Previous surgery.
- Any problems she has had with anesthetics (medication used during surgery).

- Any history of bleeding or blood problems.
  - Also describe any bleeding or blood problems other family members have had.
  - Include any blood thinners taken by her mother during pregnancy.
- Other health problems.

THE SURGERY

For mild cases, perineal anoplasty is done before a baby leaves the hospital. In more severe cases, the infant's internal organs may need to grow some before the surgery. A colostomy would be done in the first few days of the child's life. Then, 3 to 6 months later, the posterior sagittal anorectoplasty to create a new anus would be done. In time, another surgery would undo the colostomy.

- Preparation for surgery:
  - Small monitors will be put on her body. They are used to check her heart, blood pressure and oxygen level.
  - She will be given a sedative (a medicine to help her stay calm).
  - Once she is relaxed, an IV will be started. A needle will be put in her arm. Medication will be able to flow directly into her body through this needle.
  - She will be given a general anesthetic and will be asleep for the entire surgery.
- For a colostomy:
  - Once she is asleep, the surgeon will make a small cut (*incision*) in the abdomen.
  - The end of the large intestine (*colon*) will be attached to this opening.
  - Stool that passes out of the body through the opening will drain into a bag.
  - A dressing (medication and bandage) will be put around the new opening. This will help keep everything in place while it heals.
- For a perineal anoplasty (done for mild conditions):
  - The baby is positioned face down with her buttocks exposed.
  - The abnormally located opening (fistula) is identified.
  - A new opening is then made where the anus is supposed to be.
  - The rectum is pulled down and stitched to the inside of the new opening.
  - Also, the surgeon may close fistulas (tears or openings the body created to let stool drain out). For example, an opening may have let stool pass out of the body through the vagina.
- For a posterior sagittal anorectoplasty (done for more severe conditions):
  - The operation is usually done when the baby is several months old.
  - Depending on the specific abnormality, the operation may require incisions on the abdomen, the buttocks, or both.
  - An opening is made where the anus is supposed to be.
  - The rectum is mobilized then pulled down to the new opening on the bottom.
  - If a fistula is seen, the surgeon will close it at this time.
  - If the child has a colostomy, it usually is left as is for a few months.

AFTER SURGERY

- The child will stay in a recovery area until the anesthesia has worn off. Her blood pressure and heart rate will be checked often. Usually, a parent or guardian will be able to hold her once she starts to wake up.
  - When she has recovered from the anesthesia, she will be moved to an intensive care area or to a regular hospital room.
  - Most children stay in the hospital for at least a few days after the surgery. This varies based on the child's age when the surgery is done. The type of surgery makes a difference, too.
- A cream may be put on the area around the new anus. This is to protect it from the diaper rash that often develops. The rash is caused by frequent bowel movements.
- She will be able to drink during recovery.
  - Breast milk or formula can be given young infants.
  - Older children will start with liquids only. In time, soft foods will be added.

- She will be getting pain medicine for awhile. Let her caregivers know if you think she is in pain.
- She also will be given stool softeners. These may need to be taken for a month or more.
- A hospital caregiver will show parents or guardians how to keep the child from playing with the incision.
- If she has a colostomy, the adults also will be shown how to care for it.
- Before the child goes home, be sure to ask about her diet. This is especially important for an older child. Find out about things she should or should not eat. The goal is to keep bowel movements soft.
- Also ask about activity. Find out what activities she can and cannot do while she recovers.

RISKS AND COMPLICATIONS

Any surgery can cause problems with the heart and lungs. That is always a risk. But other problems may develop after surgery for imperforate anus.

- Short-term possibilities include:
  - Excessive bleeding.
  - Pain.
  - Infection near the incision.
  - Slow healing.
  - Hematoma. This is pooling of blood under the incision.
  - Severe diaper rash. This can develop because the child will have frequent bowel movements.
  - Nerve damage. This can affect whether the child can control bowel movements.
  - Constipation.
  - Incontinence.
- Longer-term possibilities include:
  - Scarring.
  - Skin damage.
  - Damage to blood vessels in the area.
  - Continuing difficulty passing stool.
  - Need for a permanent colostomy.
  - Need for additional surgery.

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