

Information for Parents

Anoplasty (anal surgery)

Introduction

This information leaflet is designed to help parents and families to care for a baby who has had an 'anoplasty' (surgery for an imperforate anus or other ano-rectal malformation). The information contained in this leaflet will have been explained to you by the doctors and/or the Surgical Nurse Specialist and this will, therefore, serve to act as a reference.

The Surgical Nurse Specialist will provide support and advice to prepare you for discharge home. Local children's community services will be informed and support will be arranged as appropriate and details provided.

Out-patient care

Following discharge home you will be given an initial out-patient appointment in the Royal Manchester Children's Hospital (RMCH). These clinics provide an opportunity for the nurse specialist to discuss and plan your baby's future needs with you, and for you to discuss any concerns or problems relating to your baby's care.

Further appointments will be arranged on a twice monthly basis, but should you have an urgent problem that cannot wait until your next appointment, please contact the RMCH nurse specialist, who will provide advice and arrange a further visit, if appropriate.

What is Anal Dilatation?

Anal dilatation is a procedure which aims to prevent the new anus from becoming tight and to gently and gradually stretch it to a normal size using a range of dilators. Anal dilatations are usually started at home 10-14 days after your baby's operation. You will be given instruction on the correct way to do this.

To position your baby correctly prior to the procedure:

- Ensure your baby is warm and relaxed.
- Lie your baby on a changing mat, on his/her back.
- Remove the nappy and hold your baby's legs with one hand.

To dilate the anus with the correct size dilator:

- The size of the dilator is clearly marked. The doctor or nurse will show you which size to use.
- Ensure the dilator is clean.
- Lubricate the end of the dilator with the KY jelly.

To introduce the dilator safely and effectively:

- Hold the dilator with the curve facing downwards.
- Gently introduce the lubricated dilator into the baby's anus to approximately 5cms depth or length of your thumb.
- You will feel resistance – like a tight band. Once you pass this point the dilator advances quite easily. It is important that you pass this point of resistance to ensure that you have dilated correctly.
- Hold the dilator in the anus for a few seconds, then gently remove it.

Important: When anal dilatations are started, there will be some bleeding. Although this appears alarming, it is perfectly normal and any discomfort should quickly settle. The reason the anus bleeds is because, in order to begin the stretching, a new healed wound needs to be disturbed. This may happen each time the dilator size is increased (especially in the early weeks).

Quick guide to progress of anal dilatations

Note: The following is only a guide – your consultant or nurse specialist will advise you of your individual requirements.

- Dilatations must be performed at least two or three times every day.
- Sizes should be increased approximately every 1-2 weeks, depending on your baby's progress and ease of dilatation.
- Your consultant may vary the final dilator size, depending on your baby's individual progress and requirements.
- Once a certain size is reached, your baby will be reviewed. Again, your consultant or nurse specialist will decide with you on any further treatment.

Once you have reached the final size of dilator, you will begin to reduce the frequency of dilations as follows (again this is only a guide):

- Dilate 2-3 times a day for 1-2 weeks.
- Dilate once daily for 1-2 weeks.
- Dilate once every other day for 1-2 weeks.
- Dilate once every 3-4 days for 2 weeks.
- Dilate once weekly for 4 weeks.

If any stage above it becomes difficult to dilate the anus, or the anus begins to bleed, go back to the previous stage. If you are concerned, contact the RMCH nurse specialist.

Potential problems

Anal stricture

An anal stricture is when the anus becomes tighter or smaller than usual. It feels tight and difficult to dilate with the appropriate dilator. The anus may also bleed when trying to dilate.

What you should do:

- Try using the size smaller on the Hegar dilator.
- Check your technique. The dilator must be inserted approximately four (4) centimetres.
- Contact the RMCH nurse specialist

Urinary Tract Infection

If your baby develops a urinary tract infection, he/she may display some or all of the following symptoms: fever, lethargy, no interest in feeding, vomiting and offensive smelling urine.

What you should do:

- Contact your GP.

Constipation

Your baby is considered to be constipated if he/she has not had a bowel movement for 48 hours. However, your baby or child may be having diarrhoea or 'overflow stools'.

What you should do:

- Please read the section 'What causes constipation?'.
- Give your baby extra fluids of cooled, boiled water.
- If after about 24 hours this has not helped, try mixing 30mls of fresh orange juice with 60mls of cooled boiled water. (Your baby does not have to drink the whole volume).
- If your baby has been having suppositories or enemas, administer one.
- If not, your baby may require a suppository or enema and further review of bowel management, so contact the RMCH nurse specialist.

Stoma problems

Stoma problems include: sore/red peristomal skin (the skin immediately around the stoma itself), prolapsed stoma (when the tummy muscles weaken and allow the bowel to slide out

– it then takes on the appearance of a long pinky red sausage), bags not sticking and very loose stoma losses.

What you should do:

- Contact your local stoma nurse.

Normal pattern for bowel movements

Normally in children over one year old, bowels are opened 1-3 times a day, with no soiling in between. Even though young children are unable to say they need the toilet, they show signs by straining or pushing. The rectum normally holds a stool until it is stretched. This produces a sensation to the anal canal (sphincter muscles) and the rectum contracts (squeezes) and empties so that the faeces (a motion) is passed. The rectum usually does not function again for 1-2 days, depending on the child's normal pattern.

As we get older, we recognise the feeling of wanting to have our bowels opened, but we can delay the rectum emptying if we cannot get to a toilet. We do this by tightening our anal sphincter muscles to stop the rectum from contracting and forcing out a bowel movement.

What causes constipation?

There are many reasons why babies and children who have had an imperforate anus become constipated. They differ from the usual causes of constipation such as lack of fibre, lack of fluids, anal fissure or poor diet. Although these causes should be avoided, the most important reasons relate to your child's condition. These are:

- A large rectum (back passage) which holds a large amount of faeces that becomes hard if not passed regularly. This is followed by leakage of very soft or liquid stools around the hard faecal ball.
- Reduced sensation (or pushing), which relates to anal sphincter control and contracting of the rectum.
- Slow motility of bowel – our colon moves every time we eat. This is called a gastro-colic reflex. The rectum is usually slower to react and therefore emptying is not efficient.

How do we manage constipation?

Enemas and suppositories

Enemas and suppositories work directly on the rectum, causing it to contract or squeeze our faeces. They also stimulate the bowel to secrete salt and water, which soften the stool, making it easier to push out.

We need to use enemas and suppositories before starting oral medicines, as it is important that the rectum is emptied before laxatives are started. This may be the only treatment required. Most children require a combination of laxatives and enemas or suppositories to ensure complete emptying at least every second day.

The enemas used are Relaxit or Micralax or glycerine (5mls under 1 year of age; 5-10mls over 1 year of age). Bisacodyl or glycerine suppositories are alternatives to the enemas.

Oral medicines

- **Lactulose**

This (sugar free) medicine is given orally and generally works by keeping water in the bowel to keep the stools soft. It does not usually cause serious side effects apart from 'wind' and very occasionally 'explosive' stools.

The dose required varies depending on age and need, but is usually between 5mls 2-3 times a day, and 20mls 2-3 times a day. It usually takes two days to become effective. Treatment will be discussed with you by the nurse specialist or consultant.

- **Senokot**

This medicine helps to speed up the movement of the colon and stimulates water to be drawn into the colon, keeping stools soft. Occasionally this can cause cramps and diarrhoea.

The dose required ranges from 2.5mls – 10mls daily or twice daily. A single dose is best given at night as the effect usually becomes apparent approximately 12 hours later. Again, your child's dose will be determined by your consultant or nurse specialist.

- **Sodium Picosulphate – Picolax**

This medicine is often used when constipation is particularly troublesome. Your consultant will need to be involved in the management if Picolax is required.

The dose required ranges from 2.5mls at night (1/4 of a sachet) to 7.5mls for age 4+ (3/4 of a sachet).

It is important with any bowel management programme to ensure that your child has extra fluids and a nutritionally balanced diet with regular meals, which help to establish regular bowel habits.

It will take time to establish the right combination of treatments for your child's bowel management. Treatment is very long term and needs to be consistent for several months or years, so it is important to persevere. Quite often if the bowel is kept empty, its function slowly improves.

Bowel management with the RMCH Nurse Specialist

The aims of bowel management are to:

- Promote the wellbeing of your baby/child and aid normal development.
- Prevent constipation and the discomfort associated with it.
- Keep the rectum empty, which prevents leaking or overflow diarrhoea.
- Help babies and children to pass soft formed stools, with diet and medication as necessary.
- Advise and support parents so that you can initiate and change treatment according to your child's particular needs.

If the problem is urgent, contact your GP or Paediatric Emergency Department (PED) at RMCH.