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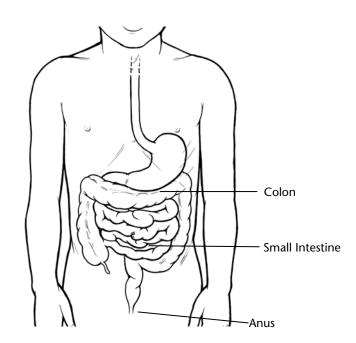
# **IMPERFORATE ANUS**

Imperforate anus (im-PER-for-et AY-niss) means that there is no opening, or an abnormal opening, from the bowel (intestine) to the outside of the body. This means that stool (bowel movements) may not be able to get out of the body. The cause of this is not known.

### **DIAGNOSIS**

The signs of imperforate anus are seen at birth or shortly afterwards. They include:

- Either no anal opening or one of the following:
  - An opening that is usually very small and in the wrong place
  - An opening (fistula) from the intestines to the urethra, the bladder, the vagina, or the perineum.
  - A cloaca, where a girl's lower intestine (rectum) urethra, and vagina form a single opening.
- A distended (swollen) belly
- Vomiting
- No passage of stool, or stool coming out with the urine, coming from the vagina, or from a perineal fistula



**Picture 1** The digestive system inside the body.

### **HOW IMPERFORATE ANUS IS TREATED**

The treatment for imperforate anus depends on the distance from the end of the bowel to where the anal opening should be. Picture 1 shows the normal bowel.

Surgery is needed to make an opening to let the stool get out of the body. Sometimes the end of the bowel is just under the skin where the anal opening would normally be. Surgery is done to open the skin and form the anus, allowing the stool to pass through.

If the end of the bowel is farther inside the abdomen (belly), a temporary ostomy (OS-ta-mi) must be made. An ostomy is a small opening made in the child's abdomen with a part of the bowel pulled through to the outside. This lets stool pass out of the body. The ostomy is covered by a special pouch or bag that collects the stool. The child usually has the ostomy until he or she is 1 to 2 years old. Surgery (sometimes in several stages) is then done to connect the bowel, form the anus, and close the ostomy.

After the ostomy is closed many children learn normal bowel control. Some may need special follow-up to learn to control their bowels. You will learn how to care for the ostomy before you take your child home. Continued on Page 2.

# **HOW IMPERFORATE ANUS IS TREATED, continued**

If there is a fistula that allows the stool to come out easily and the baby is eating well, surgery can usually wait. The parents may need to learn to dilate (stretch) the fistula to be sure the opening stays big enough for stool to easily pass through to the outside. The fistula usually needs to be dilated two or more times a day. The baby goes home and surgery will be scheduled to completely fix the anus when the baby is older.

# **OTHER HELPING HANDS**

For more information, please refer to these Helping Hands:

- *I.V. Therapy*, HH-II-17
- Parenteral Nutrition (PN), HH-II-38
- Ostomy Care: Ordering Supplies, HH-II-99, and one of the following:
- Ostomy Care: One-Piece Pouch with Attached Skin Barrier (HH-II-107)
- Ostomy Care: Two-Piece Pouch (HH-II-33)

If you have any questions, be sure to ask your doctor or nurse.