

## What happened during follow up?

- ❖ For ARM patients the perineum will be checked and anal dilatation will be performed and thought to parents. 6 weeks to 3 months. Once child is well and anal dilatation is at good size date will be given for closure of stoma.
- ❖ For HD patients perineum will be checked.
- ❖ Sometimes anal dilatation is also required for HD patients for temporary period.
- ❖ If there is a stoma date will be given for closure

## Any condition to worry at home?

- ❖ For Hirschsprung's patients at any time there are symptoms like tummy swelling, loose smelly stool, fever, vomiting or child looks less active you have to immediately bring them for consultation.
- ❖ These symptoms are due to infection in the bowel and it is called as enterocolitis. This infection can even happen following an uncomplicated surgery and it can happen even prior to surgery or after and it is known to be associated with Hirschsprung's disorder.
- ❖ If treatment is delayed it can be a potential life threatening condition to your child. Therefore early detection and treatment is important.

Both the procedures require placement of bowel to the muscle which takes control of continence. The muscle develops before birth and in ARM small number of children are born with poorly developed muscle which leads to incontinence.

Generally the outcome after the surgery is good. Some of them will develop constipation at which there is intermittent staining of stool on diapers or underpants otherwise still able to hold and pass good amount of stool. A small number will require medications for their constipation.

Follow up for the patients will be for a long duration of time and sometimes can be up to teen age.

At any point of time if there are queries please do consult with your surgeon for opinion.

### Useful contact numbers:-

## Pediatric Surgery

### Clinic

Tel: 03-79492641

Monday - Friday:

0800-1700hrs

[www.ummc.edu.my](http://www.ummc.edu.my)



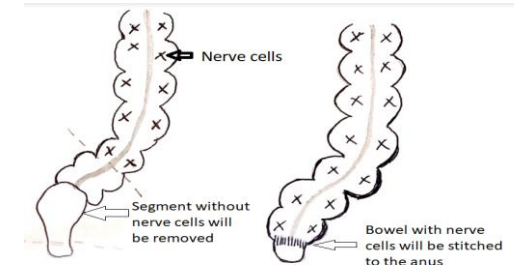
**UNIVERSITY  
OF MALAYA**  
MEDICAL CENTRE

This information sheet is intended to inform the details of the procedure and the care you have to participate in as a parent of a child with HD or ARM.

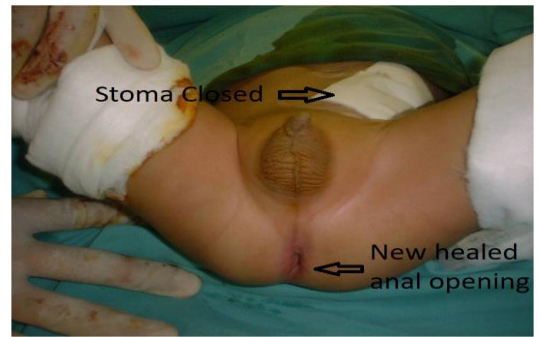
- ❖ What are the preparations prior to surgery?
- ❖ The operation is done under general anesthesia (GA)
- ❖ You are required to perform rectal washout/distal bowel wash-out at home as usual
- ❖ The child needs admission minimum of 2 days prior to the surgery. This is for monitored/supervised preparation of the bowel clean the bowel as much as possible.
- ❖ Such preparation would involve frequent washouts and some restrictions on feeding. Instructions for this will be given by the doctors.
- ❖ Also some blood will be taken to ensure the fitness for surgery
- ❖ Intravenous fluids will be given during the period of restricted feeding

## How is the surgery performed?

- ❖ The child will not feel any pain during surgery. A thin line (catheter) is passed into the spinal space to give medications that give pain relief. This part is done by the anesthetist.
- ❖ Urinary tube will be placed into the bladder temporarily to drain the urine.
- ❖ The surgery of Pull-through is usually done by open technique (open surgery) or as laparoscopic assisted (key hole) surgery.
- ❖ In Pull-through procedure for HD normal bowel with nerve cells will then be brought to the Anus and stitched. (Diagram as shown)



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- ❖ For both procedures expected blood loss is very minimal.
- ❖ This operation is a delicate procedure which requires precision to avoid damage to nearby important structures such as blood vessels and nerves in the pelvis.
- ❖ The surgeons use magnifying loupes for clear visibility.
- ❖ After the surgery child will be fasted for temporary period. Once child is able to pass bowel opening from the anus or the stoma starts functioning as usual child will be started on feeding.
- ❖ Intravenous fluid along with antibiotics will be given in the early post operative period.
- ❖ Suitable pain relief will be given in consultation with the anesthetist.
- ❖ Perineal wound care will be done in ward and parents will be taught on how to perform it.
- ❖ once child is well and wound is clean, child will be discharged.

**Once home what to look for?**

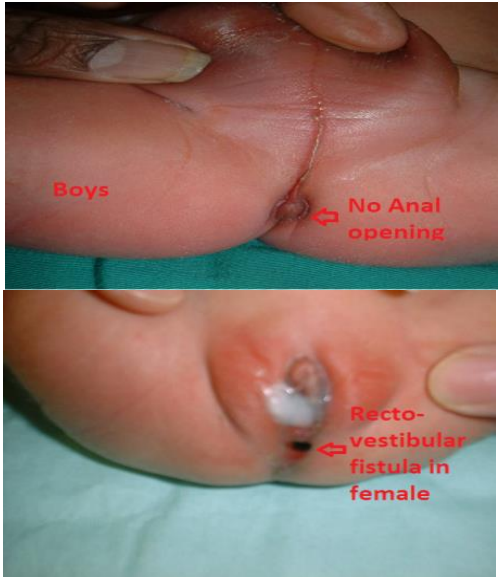
- ❖ Usually by the time of discharge the child will not show any signs of pain. Oral pain medication can be given for 2-3 days.
- ❖ Perineal wound care needs to be continued at home.
- ❖ Babies perineum has not been in contact to normal amount of feces prior to surgery. Hence they may develop temporary redness or superficial cracks on the skin(excoriation). This can be treated with barrier creams and frequent change of diapers. Even tapioca flour applied as a paste has been found to reduce the excoriation.
- ❖ Follow up date will be given to come back to meet your doctor.

**Patient information sheet on pull-through procedure**

- ❖ The word pull through means the bowel from a higher level is brought down to perineum at the site of anus.
- ❖ This operation in children is commonly done for two congenital (occurring from birth) conditions namely :-
- ❖ **1. Hirschsprung's disease (HD)**
- ❖ **2. Anorectal malformations (ARM)**
- ❖ In HD the nerve cells which are required for the normal propulsive action of the bowel are absent for varying lengths. The defect is generally confined to the colon particularly the lower part of colon (i.e. large bowel)
- ❖ In ARM, the lower part of rectum or anal canal fails to form and the bowel ends for varying distance from the perineum. The perineal area does not show the normal anal opening.



- ❖ The bowel may end blindly above the perineum or abnormally communicate with the urinary system in boys or the vaginal region in girls.



- ❖ In children with HD and ARM usually there may be a temporary diversion in the bowel known as colostomy in the neonatal period.



- This is to allow the faeces to be passed till the definitive "pull through" procedure is done.
- In many patients with HD and some with special type of ARM, (rectovestibular fistula in females) colostomy may not be done. Such babies are put on what is known as rectal wash out till definitive pull through is done.