

Pre and Postoperative Management in ARM

Andrea Bischoff, MD

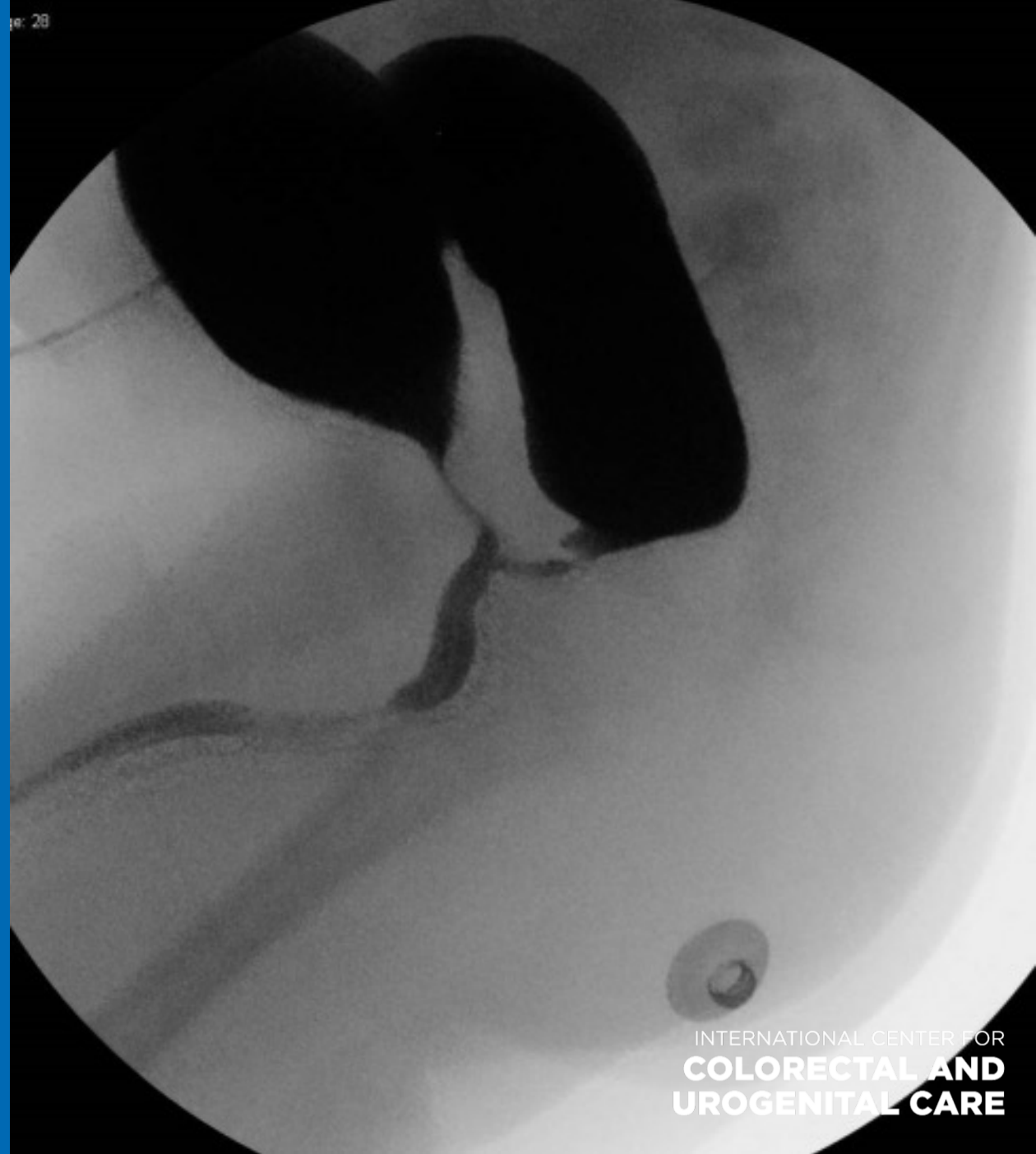
The 66th Workshop for the Surgical Treatment of Colorectal Problems in Children



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What malformation is this?



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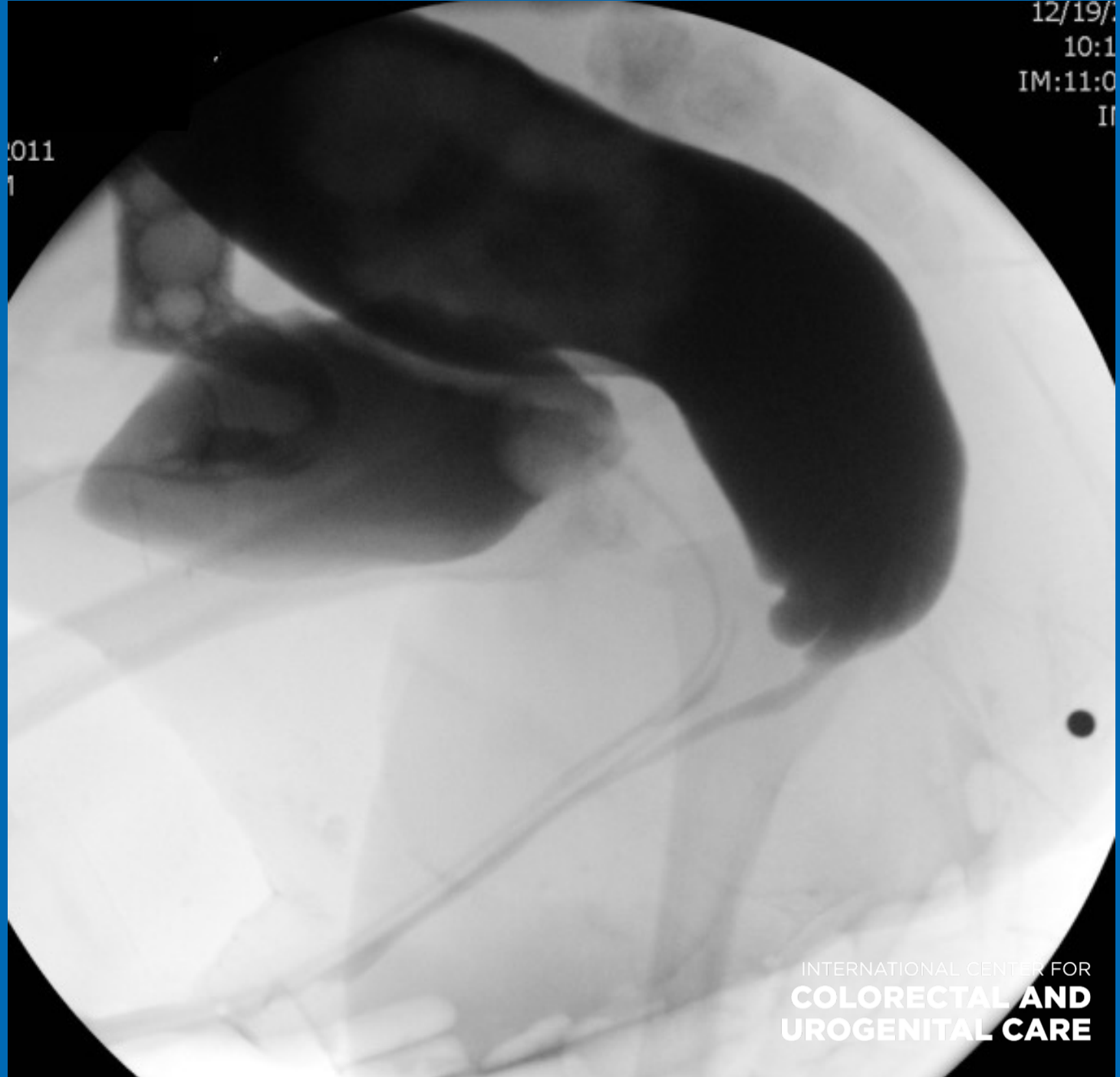
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What malformation is this?

- A. Recto-perineal fistula
- B. Recto-bulbar fistula
- C. Recto-prostatic fistula
- D. Recto-bladderneck fistula
- E. Imperforate anus without fistula



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What type of bowel prep does this patient needs?

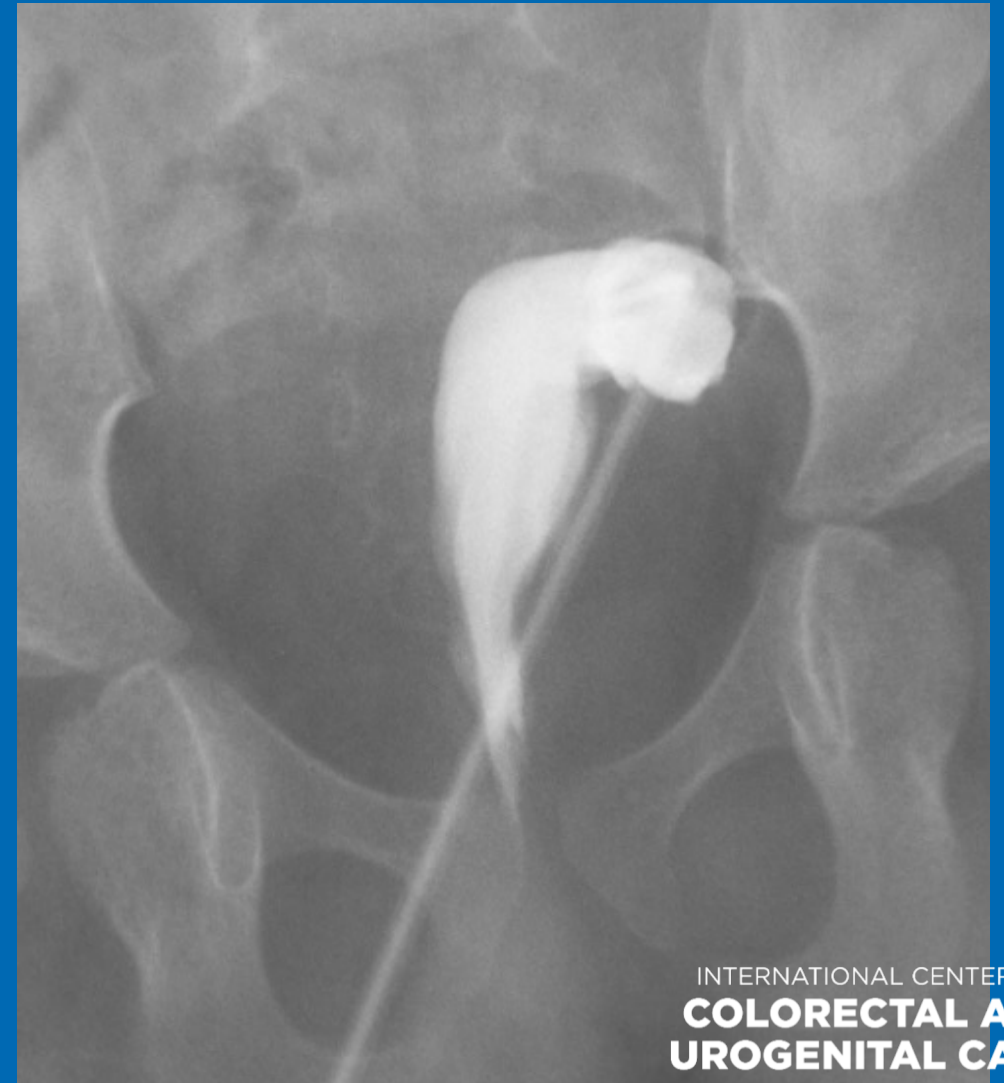


What type of bowel prep does this patient needs?

1. Golytely
2. Oral antibiotics
3. Irrigation of both stomas
4. Irrigation of proximal stoma only
5. Irrigation of distal stoma only



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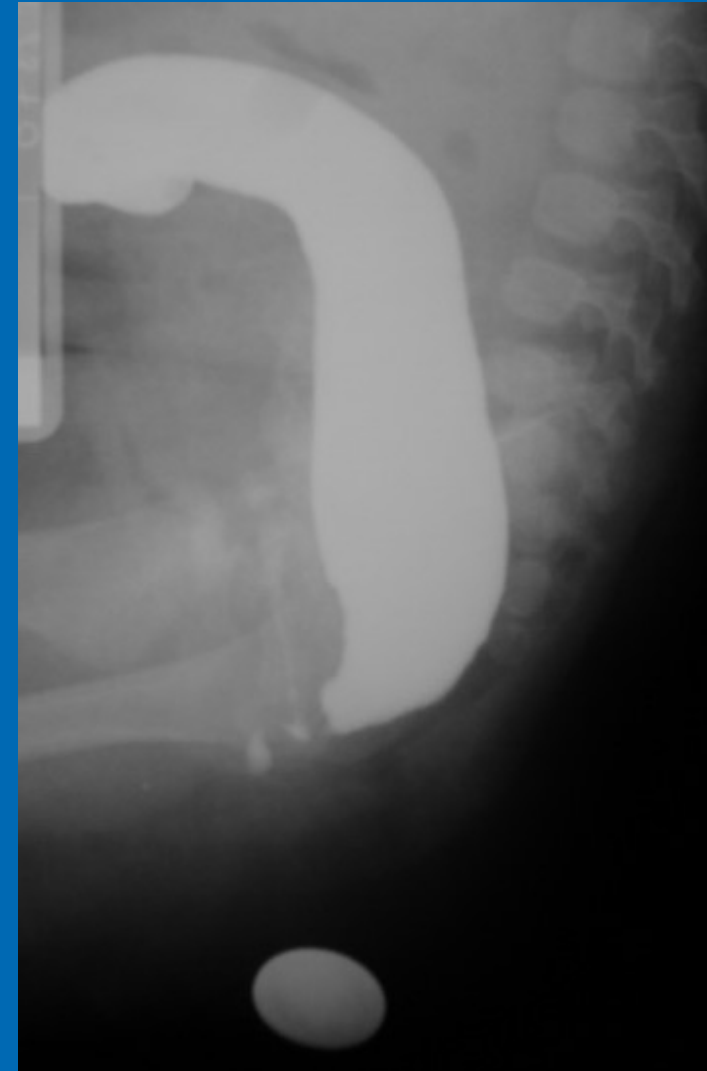


What type of bowel prep does this patient needs?

1. Golytely and irrigation of proximal stoma
2. Golytely and irrigation of distal stoma
3. Irrigation of both stomas
4. Irrigation of proximal stoma only
5. Irrigation of distal stoma only



What type of bowel prep does this patient need?



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What type of bowel prep does this patient need?

1. Golytely
2. Oral antibiotics
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**9 months old,
male patient, no
colostomy**



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What type of bowel prep does this patient needs?

1. Golytely
2. Oral antibiotics
3. 2 enemas and 24h NPO prior to operation
4. No bowel prep



Newborn with this malformation



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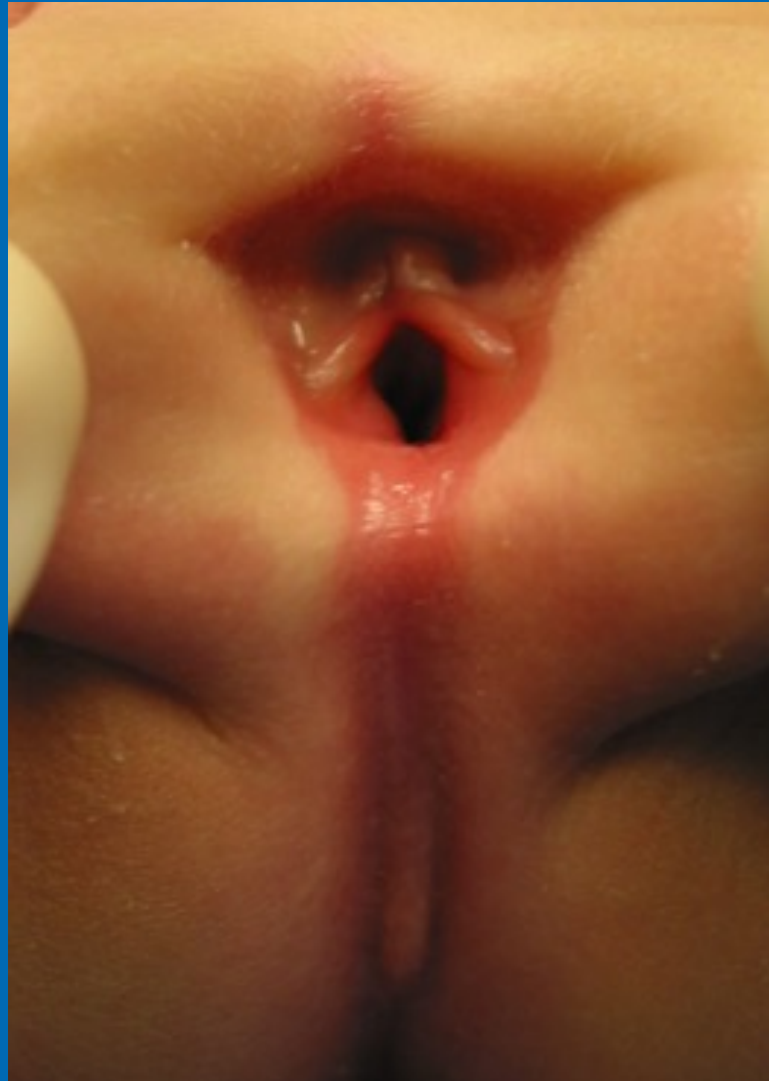
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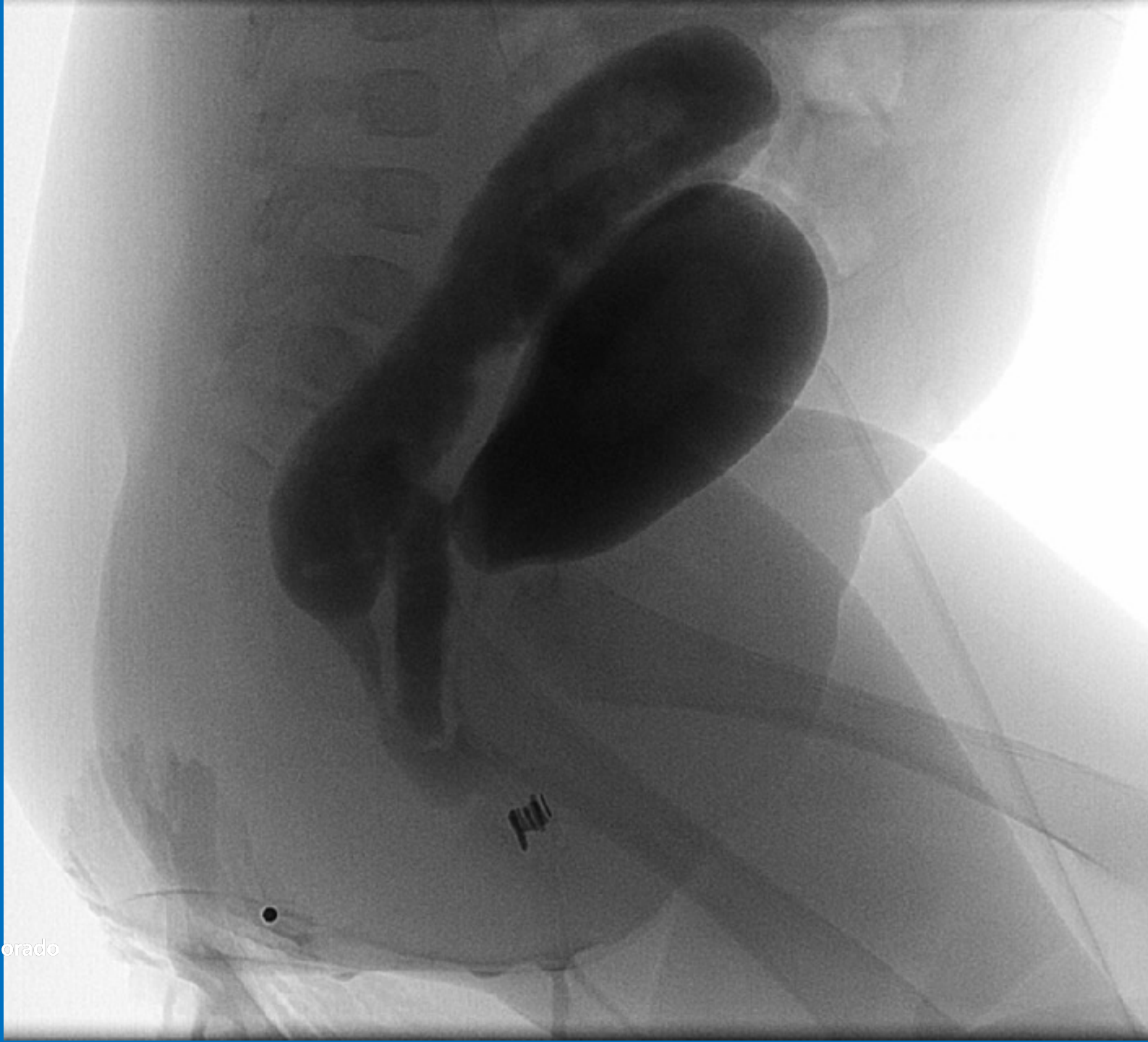
What type of bowel prep does this patient needs?



What type of bowel prep does this patient needs?

1. Golytely
2. Golytely and irrigation of distal stoma
3. Irrigation of both stomas
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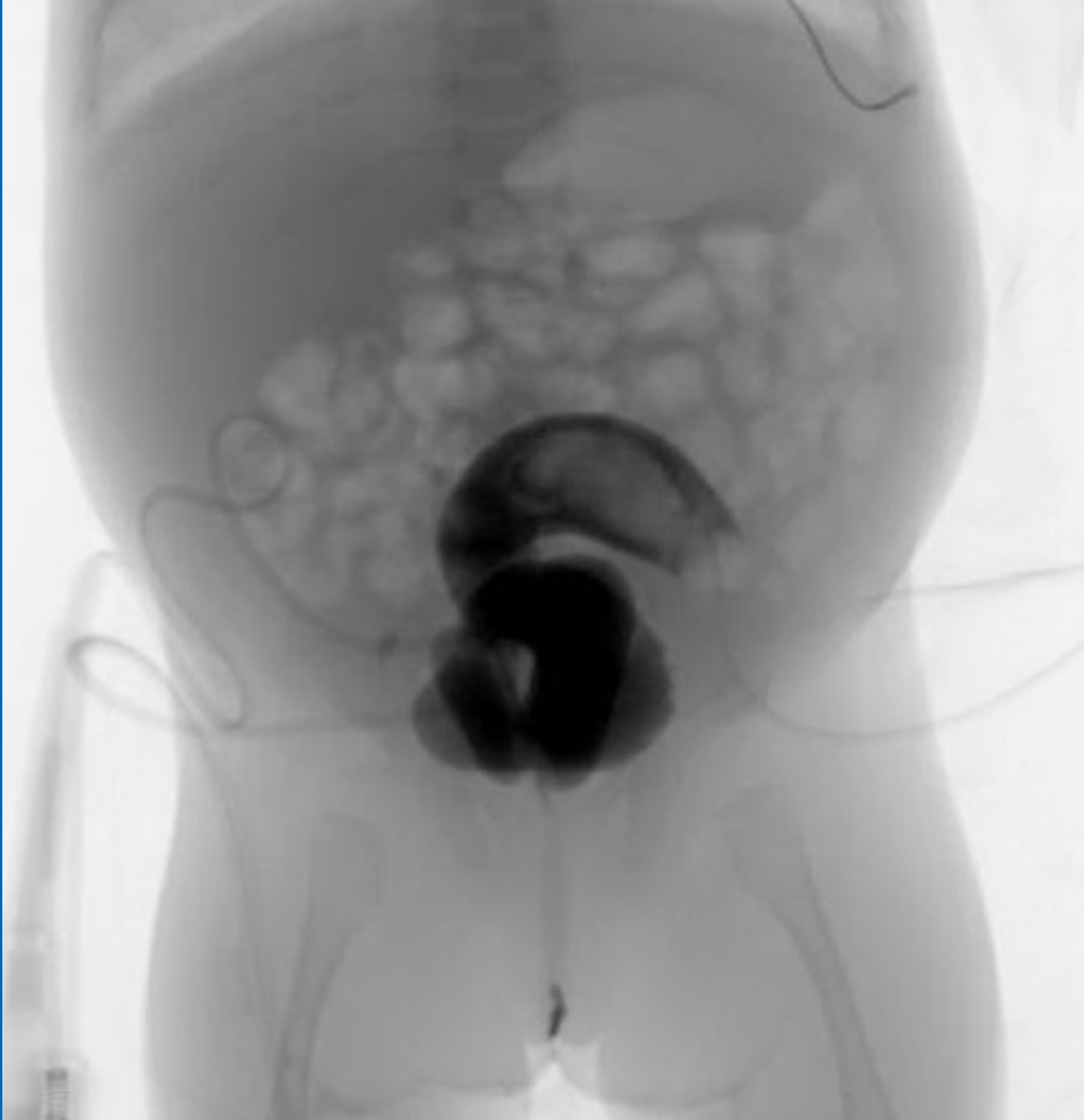
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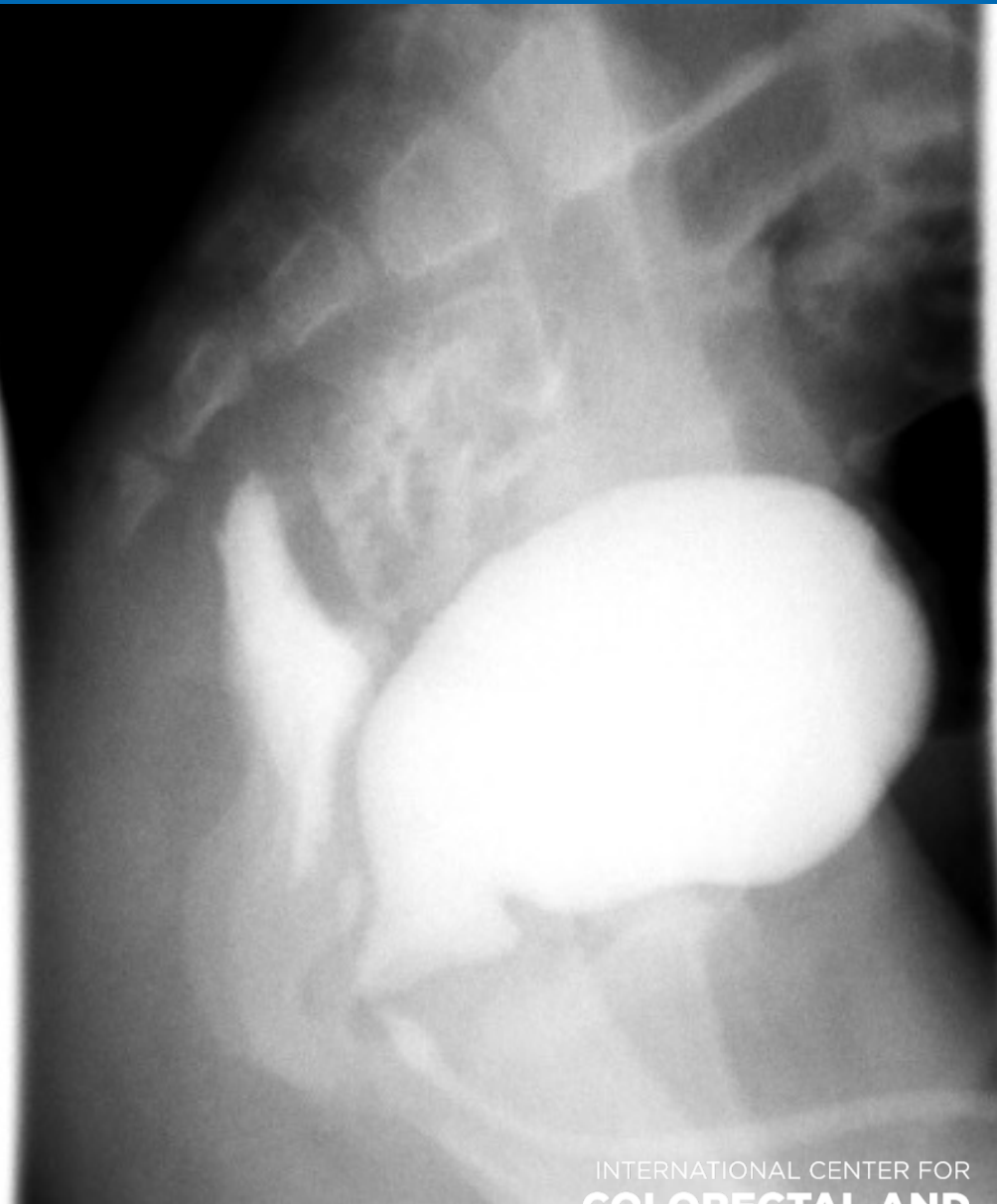
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What type of bowel prep does this patient need?

- A. Golytely
- B. Golytely and irrigation of distal stoma
- C. Irrigation of both stomas
- D. Irrigation of proximal stoma only
- E. Irrigation of distal stoma only



4 yo,
previously
operated due
to anorectal
malformation,
passing urine
through the
anus.



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What type of bowel prep does this patient need?

1. Golytely
2. Oral antibiotics
3. Colostomy prior to surgery
4. Enemas 24 hours prior to surgery
5. No bowel prep



3 yo, female patient with single functional stoma



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What type of bowel prep does this patient needs?

- A. Golytely
- B. Oral antibiotics
- C. Revise the colostomy prior to surgery
- D. Enemas 24 hours prior to surgery
- E. No bowel prep



**10 months old,
male patient, with
an adequate
diverting
colostomy**



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What type of bowel prep does this patient needs?

- A. Golytely
- B. Oral antibiotics
- C. Irrigation of proximal stoma
- D. Irrigation of distal stoma
- E. No bowel prep



Golytely

- Nasogastric tube
- 25 ml/kg/h for 4 hours (repeat until clean)
- IV fluids
- Clear liquids in between Golytely administration
- NPO 2 - 4 hours prior to the procedure (depends on the anesthesia protocol for NPO)



Irrigation of Distal Stoma

- Saline solution (100ml)
 - Until clean
- Regular diet throughout the day, clears and NPO according to anesthesia protocol

Post Operative Management

- 24 hours of antibiotics
- Patients with colostomy:
 - No laparotomy - can eat the same day
 - With laparotomy - can eat next day if colostomy is working and abdomen is not distended
- Patients without colostomy
 - 7 - 10 days NPO with parenteral nutrition



Post Operative Management

- Foley catheter kept in place for:
 - One day for male patients with perineal fistula
 - One week in bulbar, prostatic, bladderneck fistulas
 - Two to three weeks in cloacas

Dilation Protocol

- 14 days after surgery on clinic visit: select the initial size of Hegar dilator and the final size of Hegar dilator.

1 – 4 months	#12
4 – 8 months	#13
8 – 12 months	#14
1 – 3 years	#15
3 – 12 years	#16
> 12 years	#17



Dilation Protocol

- 30 seconds twice in the morning and twice in the night
- Increase Hegar dilator every week
- Once final size has been reached and passes easily, start tapering the frequency:
 - Once a day for one month
 - Every other day for one month
 - Every third day for one month
 - Two times a week for one month
 - Once a week for one month
 - Once a month for three months



The mother of one of your recently operated patient that is doing anal dilatation calls you because she can not increase the size of the Hegar dilator. What do you recommend?

1. Dilation under anesthesia
2. Go back to the previous size of the Hegar
3. Stop the dilatations
4. Just do it!
5. Reoperation



Anal Dilatations



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Anal Dilatations



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Anal Dilatations



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Time for Colostomy Closure

When final size dilator has been reached and passes easily.

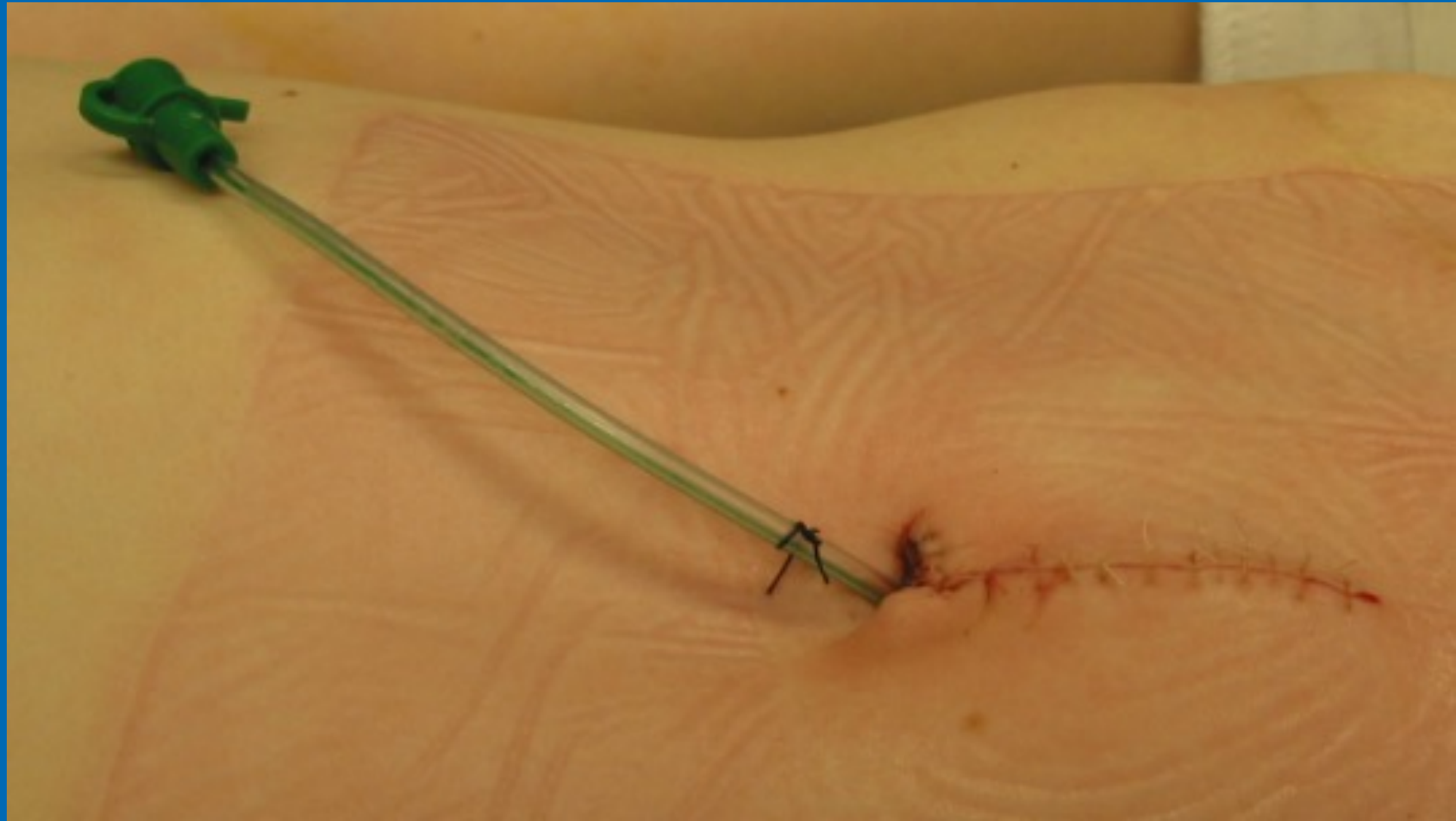


Colostomy Closure

- 24 hours pre-operative:
 - Clear liquids and irrigation of both stomas
- Antibiotics for 24 hours post op.
- Clear liquids the next day if no abdominal distension.



Malone



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Malone (continent appendicostomy)

- Pre-op:
 - If 100% sure that there is an appendix: no bowel prep
- Post-op:
 - Start clear liquids and advance diet on immediate post op
 - Antibiotics for 24h
 - Keep catheter in place for one month
 - May start giving the enema through the catheter 24 hours after the first formal meal





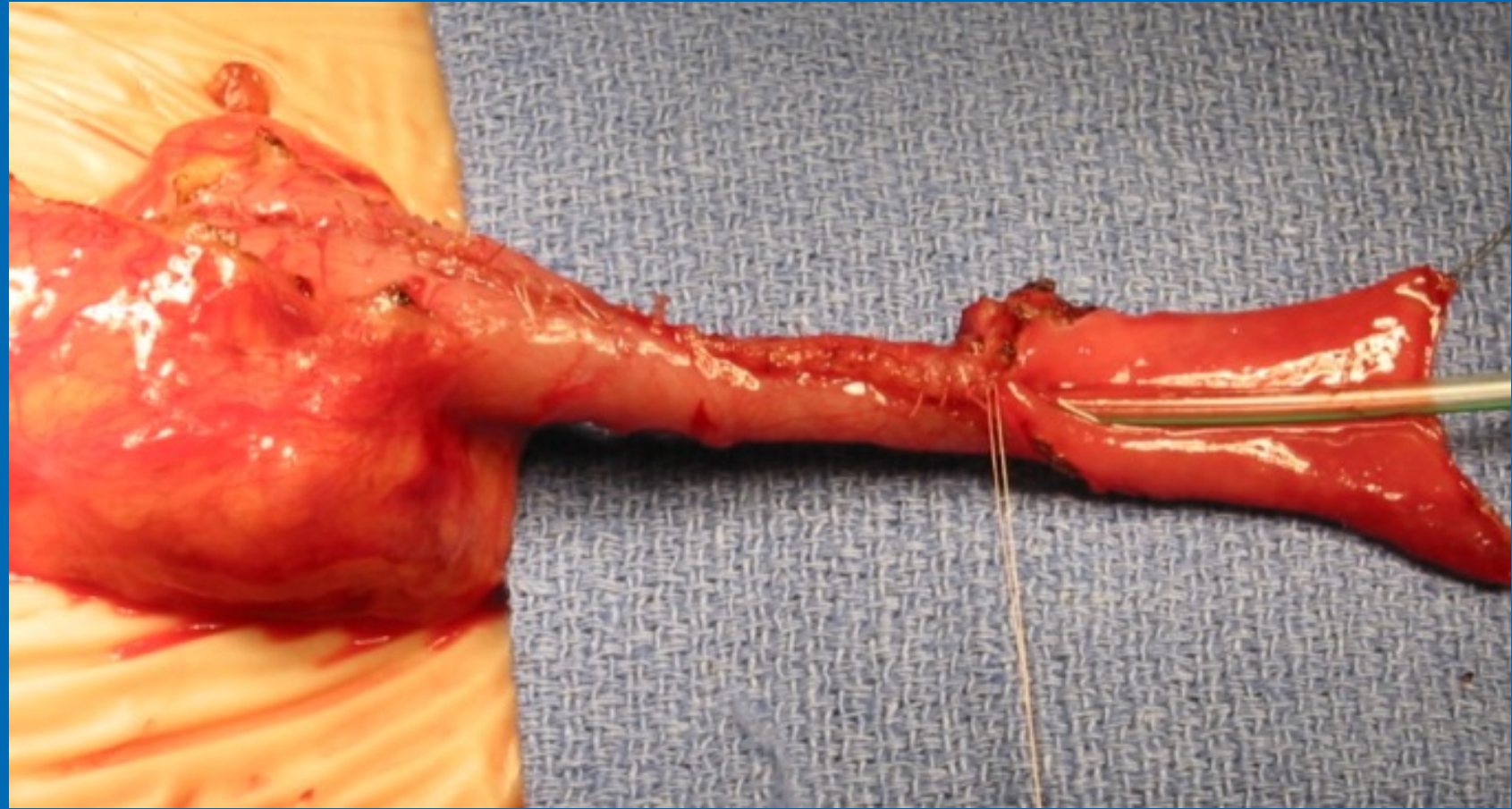
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Neo-Malone (continent neo- appendicostomy)



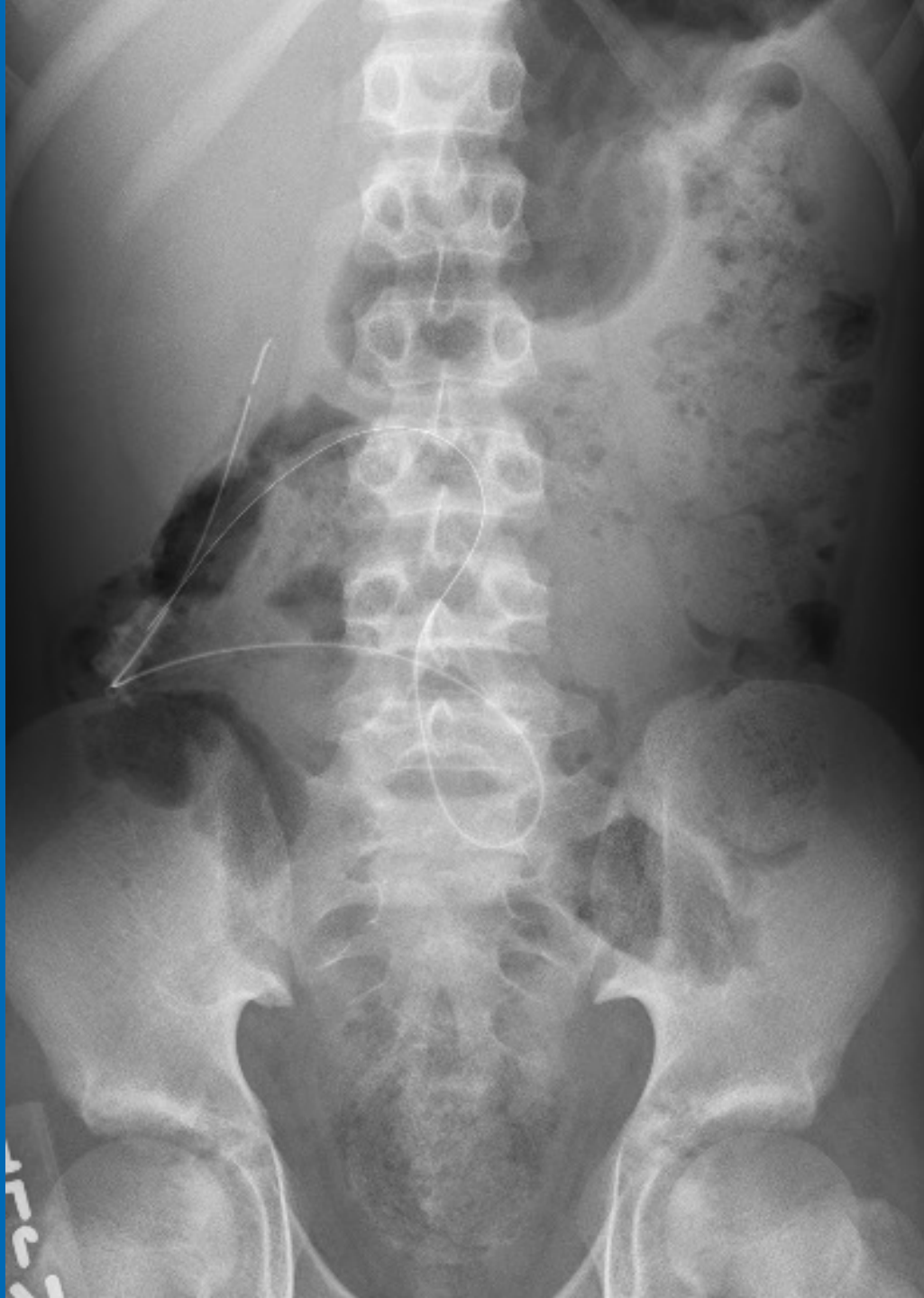
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Neo-Malone (continent neo-appendicostomy)

- Pre-op:
 - If not sure or if no appendix: Golytely
- Post-op:
 - Start clear liquids when no abdominal distension
 - Keep catheter in place for a month
 - Small volume enemas 2x/day (rectal vs. catheter)





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Doctors Pena Bischoff



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PENABISCHOFF

Thank You!

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