

Caring For Your Child After a Re-do Anorectoplasty / Posterior Sagittal Anorectoplasty (PSARP)

An anorectoplasty or PSARP is a surgery that repairs different types of anorectal malformations (ARMs).

An ARM is a congenital condition (present at birth) that happens when a baby's rectum (where poop is stored) and anus (where poop leaves the body) do not develop normally before birth.

In an anorectoplasty, our surgeons reconstruct your child's bottom to make an adequate opening for poop to come out. They move the rectum into the right position and make an anus inside the sphincter muscles (the muscles around the opening of the anus).

Below are instructions to help you care for your child after they have a re-do of their anorectoplasty.

What can my child eat?

Your child may eat their usual foods.

What medicines will my child take?

- Your child may take Tylenol (acetaminophen) and Motrin (ibuprofen) for pain. Do not use Motrin if your child is younger than 6 months or has had kidney problems.
- Do not give your child any enemas or suppositories. If you think your child may be constipated (has hard poop or not pooping enough), call the clinic.
- If your child was on a laxative before, they will most likely need it right after. Your surgeon will tell you when to restart it.

What activities should my child avoid after the surgery?

- You may not put anything in your child's anus or rectum. Do not give suppositories or do rectal temperatures until your child's surgeon says you can.
- Do not let your child sit for long periods of time for the first 2–3 weeks.
 - Have your child use a foam or gel donut or pad to sit on while in class or on long car rides. Take breaks or change positions (i.e. side lying if possible) every 30 mins if in seated position for longer than that.
 - Keep track of how long your child is sitting on the toilet and keep that time as short as possible. Ideally no more than 10 minutes. If they are straining to stool, then call us.
- Do not let your child be in a straddling position, such as riding a bike or sitting on straddling toys and playground equipment, for 3 months.
- Do not let your child swim for 4 weeks after surgery.

Can my child go to school or daycare?

- Your child can go to school or daycare once their pain is well-controlled and they can sit for a long time in school. This is usually 7–14 days after surgery.
- Your child should not go to PE (physical education) class for 3–4 weeks after surgery until cleared by the surgeon.

Can my child bathe or shower?

- Your child may sponge bathe or shower only.
- They should not soak in a bathtub for 2 weeks after surgery.

How do I care for my child's incision (cut)?

- Keep the anal incision clean and dry. Clean the area with warm, soapy water. It may help to use a squirt bottle to squirt soapy water over the incision.
- Pat the area dry with a soft cloth. Do not rub.
- Do not use baby wipes that have chemicals.
- Do not spread the buttocks. This may put pressure on the incision and cause it to open up.
- If your child gets a rash, you may put zinc-based diaper paste on the surrounding skin and buttocks, but NOT on the incision.

How do I care for my child's ostomy?

If your child has an ostomy, continue to do your usual ostomy care, skin care, and pouch changes.

Follow-up visit:

Call the General Surgery Clinic at 214-456-6040 to make an appointment to see the surgeon about 2 weeks after the surgery. At this visit, we may teach you how to do anal dilations at home.

Call the General Surgery Clinic at 214-456-6040 if:

- There are more than a few drops of blood from your child's incision area.
- The incision is red, swollen, or draining pus.
- Your child has a fever (temperature greater than 100.4 F).
- Your child has green vomit (throw up) or has continuous vomiting.
- Your child has belly pain, and it is getting worse.
- Your child has not pooped in more than 24 hours.
- Your child is peeing less than usual.
- You have any other concerns.