

Caring for Your Child After an 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 an 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 laxatives, enemas, or suppositories. If you think your child may be constipated (has hard poop or is not pooping enough), please call the clinic.

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 be in a straddling position (holding your child on your hips or playing on straddling toys) 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 the pain is well-controlled and the daycare or school staff knows how to care for the wound. This is usually 5–7 days after surgery.

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 the 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 also has a belly incision, keep it clean and dry. The wound can get wet in the shower. Pat it dry afterward.

How do I care for my child's diaper rash?

- It is common for children to have diarrhea (watery poop) and a diaper rash after the surgery.
- You should change your child's diaper often to keep the poop from staying in contact with the skin and the incision for a long period of time.
- If your child gets a rash, you may put zinc-based diaper paste on the skin around the incision, but NOT on the incision.
- Keep a thick layer of zinc-based diaper paste on at all times even after patting off the poop.
- When your child poops, do not rub. Instead, pat the skin using only cotton balls or gauze to clean off the poop.
- Once a day, use warm, soapy water to completely remove all the products from your child's diaper area. Let it air dry if you can.
- If you cannot air dry it, you can pat it dry with a soft cloth.
- If the rash worsens, start doing the "3-step" or "crusting" method. (See the *Skin Care Guidelines After Colorectal Surgery* handout for more information.)

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.

How do I care for my child's Foley catheter (soft tube to drain pee from the bladder)?

- If your child goes home with a Foley catheter, use 2 diapers and place the catheter between them to keep it from moving too much.
- Plan to come to the Urology clinic to have the catheter removed.

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 continuous vomiting.
- Your child has belly pain, and it is getting worse.
- Your child has not pooped in more than 24 hours.
- Your child has not peed in over 6 hours.
- You have any other concerns.