

A Parent's Guide to Anal Dilation

What is Anal dilation?

Anal dilation is slow stretching of the anal opening to keep it from getting too small or scarred after surgery.

Why does my child need anal dilation?

Children born with an anorectal [ano-rec-tal] malformation or Hirschsprung Disease need surgery to fix their anorectal opening (where stool or poop comes out). After surgery, the body wants to close the wound so it will heal. The goal is for this opening to stay open with very little scarring. If the opening closes or gets too small, your child may need another surgery to fix the problem.

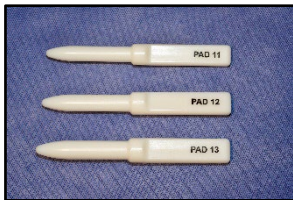
When will I begin anal dilations?

Your child's doctor will do the first dilation in the clinic about two weeks after their surgery. At that time, we will teach you how you can do the dilation at home. Dilations must be done to prevent your child's anus from getting too small as it heals. We will make sure you feel comfortable doing the dilation before you go home.

What do I need?

Anal dilation is done with Hegar dilators. These dilators may be supplied by the hospital or doctor, or you can purchase them online from retailers. You will be using different sizes. Ask your health care team where the best place is to purchase dilators for your child.

You will also need a water-soluble lubricant to help put the dilator in more easily. You will buy this at the local pharmacy. Do not use a petroleum-based jelly.



Dilators



Water soluble lubricant

How often will I need to do the dilation?

You need to do the anal dilations once in the morning and once in the evening.

Each week, the size of the dilator will go up to the next larger size. You will need to go up on the size until the goal size is reached. (The goal size means your child's anal opening is the right size for their age.)

After your goal size dilator is reached, call our office at 214-456-6040 to make an appointment with your child's doctor. The doctor will check your child and let you know if their anal opening is big enough. If it is, the doctor will have you start to taper (slow down) the number of times you dilate.

Your starting size dilator is #_____.

Your goal size dilator is #_____.

Recommended dilator sizes by age:

<u>Child's Age</u>	<u>Final (Goal) Dilator Size</u>
1 - 4 months	#12
4 - 8 months	#13
8 - 12 months	#14
1 - 3 years	#15
3 - 12 years	#16
More than 12 years	#17

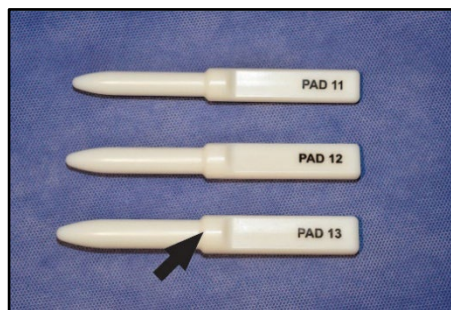
Preparing for dilation

Gather your supplies.

- Hegar dilators
- Water based lubricant
- A clean diaper or towel
- Baby wipes or a clean cloth

Steps on how to do a dilation

1. Wash your hands with soap and water.
2. Place your child on their back and hold their knees together over the stomach so you have a clear view of the anus. You may need another adult to help hold or distract your child. An older child may be placed on their side.
3. Place a clean diaper or towel under your child's bottom.
4. Choose the right size dilator and rub the tip of the dilator with lubricant.
5. Hold the dilator like a pencil and gently put it in your child's bottom up to the ridge of the dilator.



The tip of the arrow in the picture shows the ridge of the dilator

6. Hold the dilator in place for 30 seconds and then remove it.
7. Insert the dilator again for another 30 seconds and then remove it.
8. Clean your child's bottom with a baby wipe or clean cloth and place a diaper.
9. Wash your hands and the dilator with soap and water.

Tapering (slowing down) the dilations

Once the anal opening has healed and the final dilator size passes easily, dilation may be slowed down with this schedule:

- Month 1 – one time a day for a month
- Month 2 – one time every other day for a month
- Month 3 – one time every third day for a month
- Month 4 – two times a week for a month
- Month 5 and after – one time a week
- Month 6 - stop

Helpful tips

- Offer praise to support your child.
- Do the dilations at the same time each day. This makes it part of their daily routine and makes it less stressful for you and your child. Choose a time of day that is easiest for you and your child. It is best not to dilate after a meal.
- If the dilator is made of metal, run the dilator under warm running water to warm the dilator up to make it more comfortable.
- Your child may grunt or push against the dilator when you place it. They may even stool (poop) a little.
- You may notice a slight “popping” feel when you place the dilator. Never force the dilator in.
- Dilation should not be painful. If there is pain, it is **very important** to stop the dilation with the current dilator. Lubricate and place a smaller dilator then use the right size dilator. The discomfort will pass once the dilation is done.
- You may give Acetaminophen (Tylenol) or Ibuprofen (Motrin) one hour before the dilation for discomfort. Follow the dosing guide as instructed by your child's doctor.
- Your child should poop easily after dilation. A small amount of blood may be seen at the time of dilation or when your child poops next. This is normal for the first few days when starting dilation or after going up on the size of the dilator.
- Please bring the Hegar dilator set to each appointment as the dilators are different sizes. Your child's doctor may suggest a new size for your child.

When to call the doctor

Call the office if:

- You have a hard time putting in the dilator
- Your child seems to be in pain
- Your child has a lot of bleeding (more than a quarter sized spot in the diaper)
- Your child has a fever greater than 100.4F
- Your child is irritable, bloated (belly swollen), nauseated (stomachache) or throws up, or does not poop for more than 24 hours after dilation.

Questions or concerns?

Please feel free to call the clinic at 214-456-6040 or send a message in MyChart.

If you have urgent issues after hours, please call the hospital operator at 214-456-7000 and ask them to page the Pediatric Surgeon on call.