

Caring for Your Child After a Pull-through Procedure.

A pull-through procedure is a surgery to treat Hirschsprung's Disease, a condition present at birth. It happens when nerves in the anus, rectum, and part or all of the colon are missing. The part of the colon without nerves cannot relax, so poop has difficulty passing through.

Here are instructions to help you care for your child after they have a pull-through procedure.

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, unless your child's surgeon says you can. 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 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 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 school or daycare 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 bathe or shower normally.

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

- Keep the belly incision clean and dry.
- The wound can get wet in the bath or shower. Pat it dry afterward.
- If your child has a vessel loop or drain, it will be removed in 1 week.

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 poop from staying in contact with the skin 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.

Follow up visit:

Call the General Surgery clinic at 214-456-6040 to make an appointment to see the surgeon about 3–4 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 or go to the ER after hours 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 has not peed in over 6 hours.
- Your child has at least 1 sign of Hirschsprung-associated enterocolitis (HAEC), such as
 - Not pooping each day or as much as usual.
 - Explosive, bad smelling, loose poop.
 - The belly is big or bloated.
 - Not eating or drinking as much as usual.
 - Nausea (sick to the stomach) and vomiting.
 - Having a fever (temperature over 100.4 F).
 - Having less energy or sleeping more than usual.
- You have any other concerns.