

decompression, bowel preparation, and IV fluids.

For the newborn with a perineal fistula, an anoplasty is performed, which involves moving the fistula opening to the center of the sphincter and enlarging the rectal opening. Postoperative nursing care after anoplasty is primarily directed toward healing the surgical site without other complications. A program of anal dilations is usually initiated when the child returns for the 2-week checkup. Feedings are started soon after surgical repair, and breastfeeding is encouraged because it causes less constipation.

In neonates with anomalies such as cloaca (female), rectourethral prostatic fistula (males), and vestibular fistula (females), a descending colostomy is performed to allow fecal elimination and avoid fecal contamination of the distal imperforate section and subsequent urinary tract infection in infants with urorectal fistulas. With a colostomy, postoperative nursing care is directed toward maintaining appropriate skin care at the stoma sites (both distal and proximal), managing postoperative pain, and administering IV fluids and antibiotics. Postoperative NG decompression may be required with laparotomy, and nursing care focuses on maintenance of appropriate drainage. See [Chapter 20](#) for colostomy care.

The PSARP is a common surgical procedure for the repair of anorectal malformations in infants approximately 1 to 2 months after the initial colostomy. Preoperative PSARP care often involves irrigation of the distal stoma to prevent fecal contamination of the operative site. During this time, parents must be given accurate yet simple information regarding the infant's appearance postoperatively and expectations as to their level of involvement in the child's care.

In the PSARP procedure, the repair is made via a posterior midline sacral approach to dissect the different muscle groups involved without damaging strategic innervation of pelvic structures so that optimum postoperative bowel continence is achieved. A laparotomy may be required if the rectum is unidentifiable by the posterior approach. Additional management after successful repair involves a program of anal dilations, colostomy closure, and a bowel management program.

Parents are instructed in perineal and wound care or care of the colostomy as needed. Anal dilations may be necessary for some