

infants. Parents should observe stooling patterns and observe for signs of anal stricture or complications. Information on dietary modifications and administration of medications is included in counseling. Nurses have a vital role in helping families of a child with an anorectal malformation provide optimum care so that bowel management is successful and quality of life enhanced for the child and family.

### Family Support, Discharge Planning, and Home Care

Long-term follow-up is essential for children with complex malformations. After the definitive pull-through procedure, toilet training is delayed, and complete continence is seldom achieved at the usual age of 2 to 3 years. Bowel habit training, bowel management irrigation programs, diet modification, and administration of stool softeners or fiber help children improve bowel function and social continence. Some children never achieve bowel continence and must rely on daily bowel irrigations. Support and reassurance are important during the slow progression to normal, socially acceptable function.

## Malabsorption Syndromes

Chronic diarrhea and malabsorption of nutrients characterize malabsorption syndromes. An important complication of malabsorption syndromes in children is failure to thrive. Most cases are classified according to the location of the supposed anatomic or biochemical defect. The term **celiac disease** is often used to describe a symptom complex with four characteristics: (1) steatorrhea (fatty, foul, frothy, bulky stools), (2) general malnutrition, (3) abdominal distention, and (4) secondary vitamin deficiencies.

**Digestive defects** are conditions in which the enzymes necessary for digestion are diminished or absent, such as (1) cystic fibrosis, in which pancreatic enzymes are absent; (2) biliary or liver disease, in which bile flow is affected; or (3) lactase deficiency, in which there is congenital or secondary lactose intolerance.

**Absorptive defects** are conditions in which the intestinal mucosal transport system is impaired. This may occur because of a primary defect (e.g., celiac disease) or secondary to inflammatory disease of the bowel that results in impaired absorption because