A perineal fistula may be diagnosed by clinical observation. Abdominal and pelvic ultrasonography is performed to further evaluate the infant's anatomic malformation. An IV pyelogram and a voiding cystourethrogram are performed to evaluate associated anomalies involving the urinary tract. Other diagnostic examinations that may be performed include pelvic MRI, radiography, ultrasonography, and fluoroscopic examination of pelvic anatomic contents and lower spinal anatomy.

Therapeutic Management

The primary management of anorectal malformations is surgical. Once the defect has been identified, take steps to rule out associated life-threatening defects, which need immediate surgical intervention. Provided no immediate life-threatening problems exist, the newborn is stabilized and kept NPO for further evaluation. IV fluids are provided to maintain glucose and fluid and electrolyte balance. Current recommendation is that surgery be delayed at least 24 hours to properly evaluate for the presence of a fistula and possibly other anomalies (Herman and Teitelbaum, 2012).

The surgical treatment of anorectal malformations varies according to the defect but usually involves one or possibly a combination of several of the following procedures: anoplasty, colostomy, **posterior sagittal anorectoplasty (PSARP)** or other pull-through with colostomy, and colostomy (take-down) closure. The following Nursing Care Management discussion outlines some aspects of preoperative and postoperative care.

A primary laparoscopic repair (without colostomy) of anorectal malformations is being performed successfully in some centers. This minimizes surgical risks, associated morbidity, and postoperative pain management.

Nursing Care Management

The first nursing responsibility is assisting in identification of anorectal malformations. A newborn that does not pass stool within 24 hours after birth or has meconium that appears at a location other than the anal opening requires further assessment. Preoperative care includes diagnostic evaluation, GI