

The majority of children with Hirschsprung disease require surgery rather than medical therapy with frequent enemas ([Gourlay, 2013](#)). After the child is stabilized with fluid and electrolyte replacement, if needed, surgery is performed, with a high rate of success. Surgical management consists primarily of the removal of the aganglionic portion of the bowel to relieve obstruction, restore normal motility, and preserve the function of the external anal sphincter. The transanal Soave endorectal pull-through procedure is often performed and consists of pulling the end of the normal bowel through the muscular sleeve of the rectum, from which the aganglionic mucosa has been removed. With earlier diagnosis, the proximal bowel may not be extremely distended, thus allowing for a primary pull-through or one-stage procedure and eliminating the need for a temporary colostomy. Simpler operations, such as an anorectal myomectomy, may be indicated in very short-segment disease.

After the pull-through procedure, the majority of children achieve fecal continence. However, some children may experience anal stricture, recurrent enterocolitis, prolapse, and perianal abscess, and incontinence may occur and require further therapy, including dilations or bowel retraining therapy ([Fiorino and Liacouras, 2016](#)).

Nursing Care Management

The nursing concerns depend on the child's age and the type of treatment. If the disorder is diagnosed during the neonatal period, the main objectives are to help the parents adjust to a congenital defect in their child, foster infant-parent bonding, prepare them for the medical-surgical intervention, and prepare the parents to assume care of the child after surgery.

The child's preoperative care depends on the age and clinical condition. A child who is malnourished may not be able to withstand surgery until his or her physical status improves. Often this involves symptomatic treatment with enemas; a low-fiber, high-calorie, high-protein diet. Physical preoperative preparation includes the same measures that are common to any surgery (see [Surgical Procedures, Chapter 20](#)). In newborns, whose bowels are presumed sterile, no additional preparation is necessary. However, in other children, preparation for the pull-through procedure