

Dilatation Program After Surgery for an Anorectal Malformation

Dilations continue, with decreasing frequency, after the [Posterior Sagittal Anorectoplasty / PSARP](#) for a total period of approximately six months. The parent must continue passing the last desired size dilator twice per day until the dilator passes easily and without pain.

We encourage the parents of children who undergo this type of procedure to buy a set of Hegar dilators from either of the following two places:

Jones Surgical Company, Inc.

101-21 Metropolitan Avenue
Forest Hills, NY
718-261-9500

They do not accept insurance. You do not need a prescription.

Specialty Surgical Products, Inc. (SSP)

1-888-878-0811
406-961-0103 (fax)
info@ssp-inc.com

These are disposable but can be reused. You can purchase them individually or as a set. A prescription is required to order them. They do not accept insurance.

Two weeks after the operation, the child is brought to the clinic. The main subcuticular nylon suture is removed and the anus is calibrated with increasing sizes of Hegar dilators until we pass the one that fits snugly in the anus. We then teach the caregiver how to pass this dilator and we instruct her to do it twice a day.

Every week, the size of the dilator must be changed to the next size one. Caregivers are encouraged to do it themselves at home but if they have difficulty, it can be done at the hospital.

This process of dilatation continues until the desired size is reached.

Age of Child	Hegar Dilator
1 to 4 months old	# 12
4 to 12 months old	# 13
8 to 12 months old	# 14
1 to 3 years old	# 15
3 to 12 years old	# 16
More than 12 years	# 17

When the desired size is reached, the colostomy may be closed but the process of dilatations must continue, gradually tapering the frequency of dilatations.

Once the caregiver says the desired-size dilator goes in easily with no pain, the frequency of dilatations can be tapered according to the following program:

- Once a day for one month
- Every third day for one month
- Twice a week for one month
- Once a week for one month
- Once a month for three months

Dilatations are much easier on young babies, but may be painful when the larger sizes are reached. However, mothers have stated that the pain only lasts for a few days, then subsides, and the dilatation becomes painless.

At any time during the process of tapering the frequency of dilatations, if the dilatation becomes difficult, painful or bloody, this is a specific indication to dilate twice a day again and restart the process.

Difficult dilatations can be co-related with operations in which the distal rectum was devascularized. A frequent error in anal dilatations consists of trying to avoid hurting the child there is a certain component of ischemia that causes fibrosis and dilating only once a week under anesthesia or sedation.

Under those circumstances, the surgeon causes a laceration each week; the laceration then heals and is reopened during the next dilatation. By doing this, a severe fibrotic ring is created which then becomes intractable.

Also, staying on the same dilator for more than one week will promote the healing of the anus with a small caliber which will make it more difficult to dilate later on.

The rationale behind dilatations consists of appreciation of the fact that the anus and the rectum are surrounded by muscle structures and therefore remain closed at rest, particularly in cases with good muscles. Thus, if the patient is not dilated, the anus will tend to heal closed or very narrowly.

Anal Dilatation Schedules in Other Languages

You can download foreign language dilatation schedules in portable document format (.pdf) from the [Anal Dilations page](#).

Anal dilatation schedules are available in:

- Italian
- Portuguese
- Spanish
- Greek
- Russian

Contact the Colorectal Center at Cincinnati Children's

For more information or to request an appointment for the Colorectal Center at Cincinnati Children's Hospital Medical Center, please [contact us](#).