

The Question of Pull-Through vs Permanent Colostomy in Patients born with Poor Prognosis Type of Defects

All kinds of [anorectal malformations](#) can and should be repaired. Anorectal malformations are defects of the anus (the opening at the end of the digestive tract where stool exits the body) and the rectum (the final section of the large bowel leading to the anus).

Colostomy

Most patients born with anorectal malformations receive a colostomy at birth. A [colostomy](#) creates an artificial anus (stoma) to allow feces to pass out of the body and into a stoma bag. After the anorectal malformation is repaired, the colostomy can be closed and with a proper bowel management program, the child can have a very good quality of life.

Bowel Management

The [bowel management program](#) uses an [enema](#) every day to keep the child's colon clean. The overwhelming majority of patients and parents insist that a far better quality of life is achieved by closing the colostomy and following a bowel management program than by leaving the colostomy open and having to change the stoma bag.

Dealing with the special care required by a colostomy can be particularly troublesome and upsetting during the crucial years of childhood.

In the last 20 years, we have done only seven permanent colostomies, mainly in patients for whom the bowel management was not successful because they had severe diarrhea and were unable to form solid stool, and so have not been able to have their colon kept clean with a daily enema.

Colostomies are not done routinely in patients with myelomeningocele, a severe form of spina bifida in which the nerve tissue of the spinal cord and the meninges, the membranes enveloping the spinal cord, protrude from the spinal cord and form a sac under the skin. For these patients, bowel management offers a better quality of life.



Permanent Colostomies

At the present time, we believe a permanent colostomy is appropriate only for patients who are incapable of forming solid stool.

Other patients, even those with a very poor prognosis, with no sphincter (the ring-like band of muscles that would normally open and close the anus), or no sacrum (the lower part of the spine that forms part of the pelvis), can benefit from surgical repair of anorectal malformation and closure of the colostomy, provided the bowel management program is done correctly.

This takes a significant amount of time and dedication from the medical management team, from the parents and other caregivers, and, as they get older, from the patients themselves.

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](#).