

## Distal Colostogram

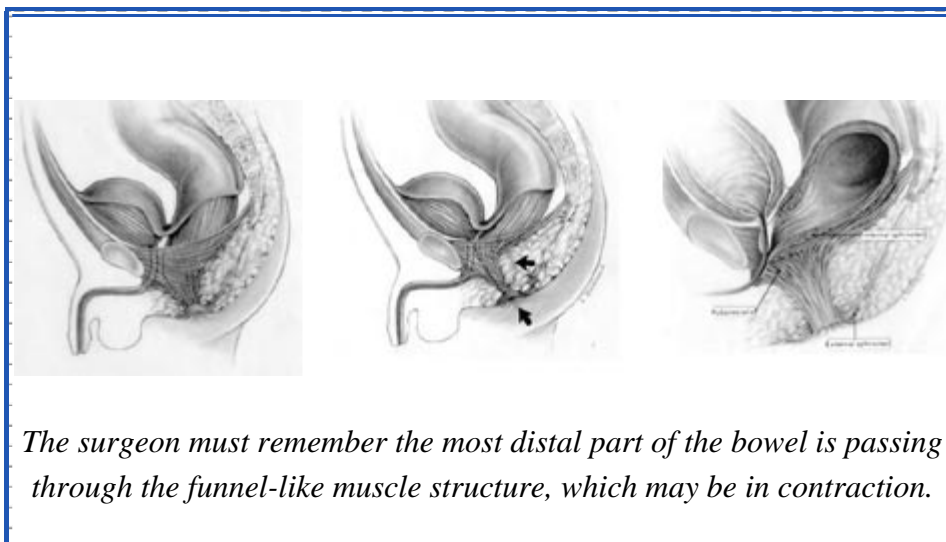
Once the surgical emergency has been solved using a diverting [colostomy](#), the [anorectal malformations](#) patient can be managed as a normal baby, unless other associated defects are present.

Prior to the final repair, it is highly desirable to determine the precise type of anatomic defect, as it has important prognostic and therapeutic implications. For this, we have found the high-pressure distal colostogram to be the best study.

This consists of the injection of hydrosoluble contrast material through the distal stoma. The study must be done under fluoroscopy, in the lateral position, using a Foley catheter with the balloon inflated in the distal stoma.

The dye must be injected with a syringe connected to the Foley catheter under enough hydrostatic pressure to overcome the contraction of the funnel-like muscle structure that surrounds the lowest part of the rectum.

Lack of understanding of this principle seems to be the most frequent cause of defective studies, which fail to show the real anatomy of the defect. The surgeon must remember that the most distal part of the bowel is passing through the funnel-like muscle structure which may be in contraction.



Therefore, simply squeezing dye inside the distal bowel may not distend the distal rectum, and the surgeon will fail to see the real fistula site unless enough hydrostatic pressure is applied.

The study must be done preferably with video and include in the frames the:

- Sacrum
- Coccyx
- Perineum



This is an image obtained in a case of a rectourethral bulbar fistula.



This is an image obtained in a case of a rectourethral prostatic fistula.



This is an image obtained in a case of a rectobladderneck fistula.



This is an image obtained in a case of a perineal fistula.

The lower the defect, the more hydrostatic pressure the surgeon must apply to fill up the distal part of the colon.

Usually bladder fistulas are filled very easily, and usually they are wide. There is no need to do a voiding cystourethrogram in most male patients provided the distal colostogram is done correctly, as the dye will get into the urethra and back into the bladder in most of the patients.

A persistent [cloaca](#) may require a more complex type of study. In addition to the distal colostogram, it may be necessary to inject dye through the single orifice that the patient has in the perineum in order to fill the three structures that constitute the cloaca:

- Bladder
- Vagina
- Rectum

This is seen in the image below.



*In addition to the distal colostogram, it may be necessary to inject dye through the single orifice that the patient has in the perineum in order to fill the three structures that constitute the cloaca: bladder, vagina and rectum.*

## 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](#).