



**Cincinnati Children's Hospital Medical Center  
THE TREATMENT OF ANORECTAL MALFORMATIONS**

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	<b>Length</b>	<b>Cost in USD</b>
<input type="checkbox"/> <b>Rectourethral Fistula</b>	<b>25:00</b>	<b>\$125.00</b>
The main characteristic of this defect is imperforate anus, with the distal rectum ending in confluence with the urinary tract. The surgical approach varies according the complexity, and specifically where along the length of the urethra the rectum ends. We illustrate the posterior sagittal approach through a compilation of several cases, demonstrating a wide spectrum of possibilities during the surgical repair where the ultimate goal is to reconstruct the rectum, separating it from the urinary tract, and placing it within sphincter limits.		
<input type="checkbox"/> <b>Rectovestibular Fistula</b>	<b>19:00</b>	<b>\$125.00</b>
The main characteristic of this defect is imperforate anus, with the distal rectum located in the vestibule of the vagina. We illustrate the posterior sagittal approach through a compilation of several cases, in which the ultimate goal is to safely separate the rectum from the vagina, and place it within the limits of the sphincter mechanism.		
<input type="checkbox"/> <b>Cloaca Repair with Total Urogenital Mobilization</b>	<b>25:45</b>	<b>\$125.00</b>
The main characteristic of this defect is confluence of rectum, vagina, and urinary tract in a single common channel. For certain types of cloaca, a maneuver called total urogenital mobilization has greatly facilitated repair. The urethra and vagina are mobilized as one, dramatically reducing complications. We illustrate the posterior sagittal approach through a compilation of several cases, demonstrating a wide spectrum of possibilities during this difficult surgical repair where the ultimate goal is to reconstruct independent rectal, genital, and urinary systems.		
<input type="checkbox"/> <b>Complex Cloaca Malformations</b>	<b>37:00</b>	<b>\$150.00</b>
The main characteristic of this defect is confluence of rectum, vagina, and urinary tract in a single common channel. The surgical approach to the management of cloaca varies according the complexity. We illustrate the posterior sagittal approach through a compilation of several cases, demonstrating a wide spectrum of possibilities during this difficult surgical correction where the ultimate goal is to reconstruct independent rectal, genital, and urinary systems.		
<input type="checkbox"/> <b>Urogenital Sinus with a Normal Rectum</b>	<b>24:30</b>	<b>\$125.00</b>
The main characteristic of this defect is the confluence of urethra and vagina, in the presence of a normal rectum. We illustrate the posterior sagittal approach through a compilation of several cases, demonstrating a wide spectrum of possibilities of this difficult surgical repair during which the ultimate goal is to reconstruct independent genital and urinary systems.		
<input type="checkbox"/> <b>Anorectal Malformation Short Topics</b>	<b>17:55</b>	<b>\$125.00</b>
(1) Rectal prolapse in ARM A common postoperative complication after PSARP is a rectal prolapse, and treatment of the prolapse requires a straightforward repair.		
(2) Imperforate anus with rectovestibular fistula and absent or atretic vagina A unique type of anorectal malformation in females is vestibular fistula with absent vagina. For such a case we demonstrate the rectal and vaginal repair		
(3) Appendicostomy for antegrade enemas for patients with fecal incontinence Twenty five per cent of patients with anorectal malformations do not have enough of a continence mechanism to have voluntary bowel control. For such patients a bowel management program allows them to be clean. Once retrograde enemas are successful, a nice option for the patient to achieve independence is to provide them with an antegrade enema route. With this video we show the appendicostomy procedure, and how to create a neoappendicostomy if the native appendix is not available.		
<input type="checkbox"/> <b>Transanal Technique</b>	<b>18:21</b>	<b>\$125.00</b>
Transanal Rectocolonic Resection for Idiopathic Constipation 13:18 Redo transanal Pull -through for Hirschsprung's disease 5:03 Transanal Technique In a series of short videos we show		
(1) The use of the transanal approach to remove the rectosigmoid in a patient with severe, intractable idiopathic constipation,		
(2) The use of the transanal approach for a redo procedure for Hirschsprung's, and		
(3) The key elements of the transanal technique which can be used for Hirschsprung's disease or for idiopathic rectal prolapse.		

**Package Discount-Purchase all seven for \$675.00**

**Fax, mail, or email this form to:  
Colorectal Center for Children**

**Cincinnati Children's Hospital Medical Center**

**ATTN: Gretchen Niebling D3. 125**

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