

## Imperforate Anus

These are a number of anorectal malformations, which range from a simple imperforate anus (no anal opening) to problems with the genitourinary and pelvic organs, causing issues with fecal, urinary, or sexual function. In some cases the anal opening is absent, in the incorrect location, or opening into another cavity, such as the vagina. Immediate surgical intervention is required but is different based on the type of imperforate anus that is present.



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### Mechanism

#### Congenital Anorectal Malformation

[Present-from-birth Uranus-anus-rectangle Malformed](#)

The cause is a random malformation of the developing fetus' gut tube which happens in 1/5000 live births. There is no known cause and it does not run in families.

### Signs and Symptoms

#### No Anal Opening

[No Uranus-anus Opening](#)

The infants will have no anal opening. Some neonates may have a urinary fistula and are often started on broad spectrum antibiotics.

#### Absence of Meconium

[Absence of Meconium-macaroni](#)

Neonates will not have a first stool in the first 24 hours. Closely watch these infants for meconium in their urine, as fistulas may be present.

#### Gradual Increase in Abdominal Distention

[Gradual Increase in Abdominal Distention](#)

As these infants are unable to stool, their abdominal girth will increase. Surgical intervention is required to pass stool.

### Considerations

#### Surgical Repair

[Surgeon](#)

Immediate surgery is required for these infants for the passage of stool. Surgical interventions include anoplasty, a colostomy, posterior sagittal anorectoplasty (PSARP), or other pull-through abdominal surgeries.

## **Bowel Management**

### **Bowel-bowl Manager**

Neonates will often have several surgeries to completely repair an imperforate anus over time. They often have long term complications most commonly fecal incontinence or constipation. They may require education, other programs, or medications like laxatives to understand and manage these complications.