TECHNICAL INNOVATION

Anal venting after perianal surgery

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Introduction

Many surgeons still perform posterior sagittal anorectoplasty (PSARP) for imperforate anus under cover of an initial diverting colostomy. [1] The fear is that faeces will soil the posterior sagittal wound and predispose to wound infection. This not only disrupts the all-important muscle sphincter complex making incontinence inevitable, but also makes re-operation very difficult.[1 - 3] Many surgeons also prefer a protective colostomy before definitive operations for Hirschsprung's disease. [4] This is a report of a simple method to protect the wound and avoid colostomy.

Technique

Two-ml syringes are used for neonates and 5 mls for infants. The nozzle of the syringe is cut off with scissors. The plungers are preserved. Nylon stitches are inserted at the flanges with the needles retained. At end of surgery, the syringe, with the plunger acting as obturator, is lubricated and inserted into the anal canal. The plunger is removed and the flanges anchored to the peri-anal skin (Figure 1). A low-pressure suction can be inserted through the syringe to clear the upper rectum of gas or fluid faeces. The rectum can also be lavaged with saline through the syringe, to remove semi-solid faeces. The baby is nursed mostly prone (Figure 2). The syringe is retained for 7 to 10 days.

Figure 1: Syringe anchored to perianal skin

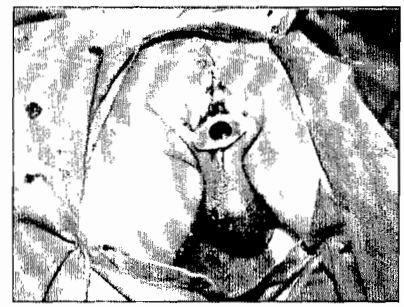
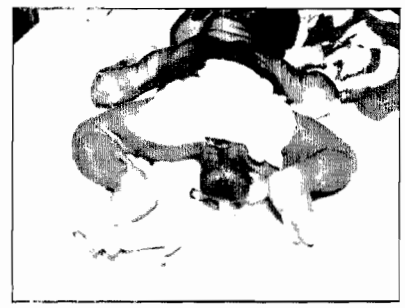


Figure 2: Baby nursed in prone position



Discussion

Many perianal and anorectal operations are done with initial protective colostomy to prevent faecal contamination of the operative wound. But colostomy carries a significant morbidity and mortality not only in developing countries [5-7] but also in developed countries. [2, 8] This simple and cheap method avoids colostomy. It allows diversion of faeces away from the wound and prevents distension of rectum by gas and faeces immediately post-operatively, thus protecting a colo-anal anastomosis as the baby does not have to strain to pass stool.

The syringe vent retains easily as it is anchored to anal skin. Since the wound is dressed separately from the neo-anus, it is not 'bathed' with faeces, and frequent dressing may be unnecessary. Prone nursing allows the mostly fluid faeces to drip on to the nappy, away from the wound. We have used this method with success after PSARP without colostomy in both girls [9] and boys [10] with intermediate imperforate anus. We have had no complications from the procedure.

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