

Primary Children's Hospital, University of Utah: Delayed primary repair of rectoperineal or rectovestibular fistula

QI Project: Clinical care pathway

Brief description: The purpose of this study was to examine the incidence of wound complications in infants undergoing a single-stage PSARP repair of a rectoperineal or rectovestibular fistula beyond the neonatal period (> 30 days of life). We also sought to determine if there were identifiable risk factors for wound complications.

Protocol:

Pre-operative care

- Evaluate for associated anomalies
 - Echo, renal u/s, spine x-ray, spinal u/s
- Dilate the fistula bid with 7 mm or 8 mm dilator
- Admission for Bowel prep day before procedure

Pre-operative Admission

- Diagnosis:
 - perineal fistula
 - rectovestibular fistula
- Admit for bowel prep
 - Mechanical and antibiotics
- Operative Procedure (3 – 4 months of age)
 - Posterior Sagittal Anorectoplasty (PSARP)
 - **ADD** to Female procedures: vaginal exam under anesthesia

Intraop

- On table prep:
 - Dilute betadine irrigation through rectal fistula

Immediate Post op care:

- Post op antibiotics- 48 hrs.
- Pain Control
 - RN controlled morphine drip with weaning protocol
- Diet:
 - NPO until POD 5
 - ADAT POD 5
 - If no wound complications
- Nothing per rectum
- Double diaper
- Nothing on wound (no ointment, paste, etc.)
- Diaper paste on buttocks when stooling
- Patient may be held (**no** straddle positions)

Supplies:

Anal Dilators (white disposable anal dilator set #8-14)

Discharge Teaching:

- No baths (no submersion of incision) – 3 weeks post op
- Double diaper until post op visit (3 weeks post op)
- Nothing per rectum
- No straddle toys
- SKIN CARE!! Diarrhea and a diaper rash are expected.
 - Frequent diaper changes
 - Use thick layer of diaper paste at every diaper change
- No Laxatives
 - Parent should be directed to call clinic if there are concerns with constipation prior to follow up appt.
- Continue with pre-op diet

Follow up:

- Timing: 2-3 weeks post discharge
- Anal dilations will start at follow up appointment
 - If no wound complications

Discharge Instructions:

- Keep incision clean and dry. No ointments.
- You may sponge bathe or shower. No swimming or soaking in a bath tub until cleared by your surgeon.
- Double diaper until your follow up appointment, this will protect the new surgical area. You can reuse the outside diaper if it is not soiled.
- Change diaper frequently to prevent diaper rash and skin breakdown.
- You may want to apply a barrier paste to the diaper area for protection. Do not apply paste to incision.
- When cleaning the diaper area, use a patting or dabbing motion, do not wipe away from incision.
- No suppositories or rectal temperatures until cleared by surgeon.
- Call the colorectal clinic with any concerns with the incision (redness, swelling, fever).
- You will need to be seen if you develop a fever >101F, yellow or green vomiting, increased abdominal pain or any other signs of illness prior to your appointment.

More information on skin care can be found on our webpage:

<http://primarychildrens.org/colorectalcenter>