

Imperforate Anus

An imperforate anus is when the anal opening at the end of your child's rectum is not in a normal position or is not there at all.

During the baby's development, the anal area does not develop normally. There is no known cause. Sometimes there is an abnormal connection between the bowel and the vagina in girls, or the bowel and the urinary tract in boys.

Signs and Symptoms Include

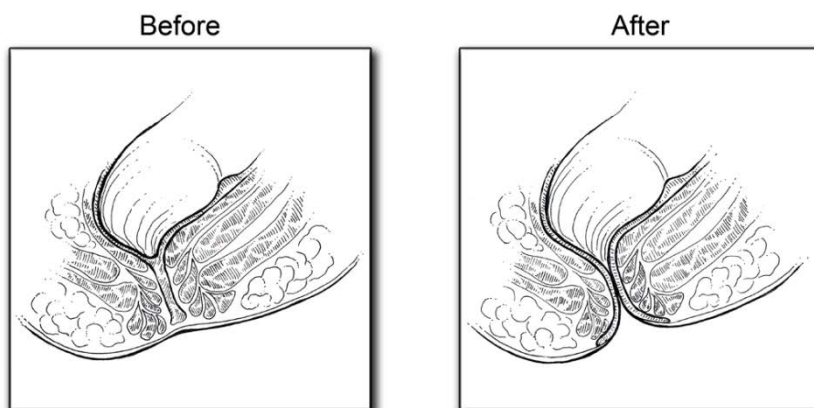
- no anal opening
- misplaced anal opening
- anal opening near vagina
- no bowel movement (poop) in the first 48 hours of birth
- stool (poop) coming through vagina or urethra
- abdominal distention (swollen belly)

There are two types of imperforate anus.

- 1. Low type:** an opening is present. The opening is either in the wrong position or is covered by a membrane (a thin layer of tissue). The bowel ends below the muscles at the bottom of the pelvis.
- 2. High type:** no opening is present. The bowels (intestines) end above the muscles at the bottom of the pelvis.

The outcome is usually good when your child has an imperforate anus.

- Your child may be constipated often, even after treatment. This is seen in many children with imperforate anus.
- Some children need continued follow-up care until they are about 5 or 6 years.



Imperforate Anus

Treatment Depends on Which Type Your Child Has

1. Low type

- Surgery to open the membrane
- Dilating (stretching) the opening
- Surgery to reconstruct (rebuild) the anus

2. High type

- Surgery to create a colostomy and mucous fistula. This is a surgery to bring the ends of the bowel through the abdominal (stomach) wall to create one or two openings/stomas. A pouch (bag) will be attached to the outside of your child's body over the colostomy (stoma) to hold stool exits the body. The bag will collect stool that empties into it and be changed as it is needed. A small piece of Vaseline or Xeroform gauze should be put on the mucous fistula every day to keep it moist. **(See Ostomy Teaching Tool)**
- About 3 to 6 months after surgery, a rebuild of the anal opening can be done on most children with an imperforate anus. Dilating (stretching) the opening will also be needed.
- Once the anal opening is rebuilt, 2 to 3 months later the colostomy and mucous fistula will no longer be needed and the bowel can be reconnected.

What You Can Do to Help Your Child

Follow the steps given by the health care team for diet and/or a bowel management program.

For General Health Information and Resources:

Call or visit the [Family Resource Center](#), a health information library on the 3rd floor of the hospital. Call 314.454.2350, email at frc@bjc.org, or check out the FREE [St. Louis Children's Hospital Kid Care App](#).

