



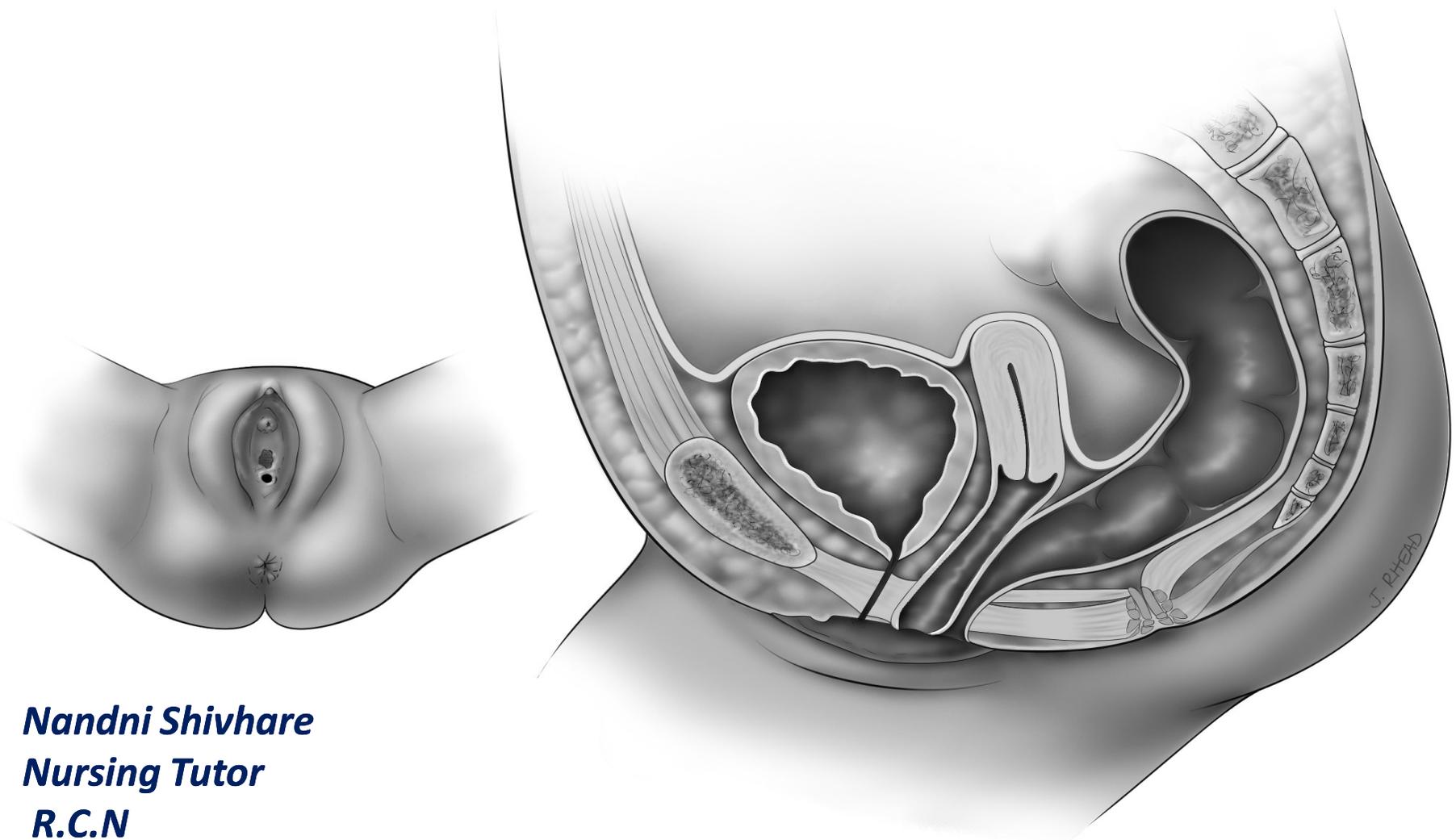
**RAMA**  
**UNIVERSITY**

---

w w w . r a m a u n i v e r s i t y . a c . i n

**FACULTY OF NURSING**

# ANORECTAL MALFORMATION



*Nandni Shivhare*  
*Nursing Tutor*  
*R.C.N*

## **Introduction-**

**Anorectal malformation are birth defects or problems that happen as an unborn baby is developing during pregnancy with this defect, the anus and rectum do not develop properly.**

## **Definition-**

**Anorectal malformation comprise of a wide variety of defects involving distal anus and rectum as well as the urogenital tract.**

- It occurs due to arrest in embryonic development of the anus, lower rectum and urogenital tract at the 8 week of embryonic life.

**Causes- Unknown**

**Classification-**

1. Anal stenosis
2. Anal membrane atresia
3. Rectal atresia
4. Anal agenesis or Imperforate anus

# **Diagnostic Evaluation-**

- **History collection**
- **Physical examination**
- **Invertogram**
- **Abdominal ultrasound**
- **CT scan and MRI**

## **Clinical Features-**

- **Infants fails to pass meconium**
- **The baby may pass ribbon like-stools**
- **Progressive abdominal distension**
- **Vomiting**
- **Intestinal obstruction**

# **Management-**

## **Surgical management-**

### **1. In case of low ARMs-**

- **Rectal cutback anoplasty or Y-V plasty for male infants**
- **Perineal anoplasty for female infants**

### **2. In case of high ARMs-**

- **Initial colostomy is done in the neonatal period.**
- **Posterior sagittal ano-rectoplasty (PSARP) at the age of 10-12 months when infants is having 7-9 kg. body weight.**

# **Nursing management-**

- Preoperative nursing care**
- Postoperative nursing care**
- Care of colostomy**
- Care after a pull through and anoplasty**

**THANK YOU**