Aim of the study: Transanal endorectal pull through (TEPT) is the latest development in the treatment of Hirschsprung’s disease but perianal excoriation and anal incontinence is very common and trouble some complications. It may be due to extensive anorectal dissection during the procedure. To avoid this dissection we try to prolapsed in the sigmoid colon by gradual traction of the anorectal mucosa and sub mucosa transanally.

Methods: Fifty children (30 male and 20 female) age range from 1 month to 10 years underwent OPTEPT over the last 7 years. Each patients were evaluated with regards to age, sex, length of aganglionic segment, operating time, per operative bleeding, tearing of the colonic wall, postoperative anastomoic leakage, retraction, perianal infection, excoriation, soiling and incontinence in details.

Main Results: Mean operating time was 60 minutes (range 45 to 90 minutes), average length of the resected bowel segment was 30 cm (range 20 to 50 cm). Peroperative bleeding, retraction and tearing of the dissecting colon is not a significant problem. On early postoperative follow up no anastomotic leakage, disruption, retraction, perianal infection and excoriation. On subsequent follow up two female patients (5%) develop fecal leakage through the vagina, three patients (7.5%) develop constipation, one patient (2.5%) develop anal stricture and 2 patients (5%) noticed perineal soiling. All these patients was managed by regular anal dilatation, dietary manipulation, oral purgatives and hipbath.

Conclusion: One stage prolapsing trans anal endorectal pull through (OPTEPT) is technically easy, time saving, safe and effective procedure in properly selected patients with recto-sigmoid Hirschsprung’s disease in all age. This procedure can easily learn and practice by the junior surgeons with less chance of peroperative bleeding and sphincter injury. This procedure offers the excellent clinical results in our hand.