

ROLE OF ROUTINE DILATATIONS AFTER ANORECTAL RECONSTRUCTION - COMPARISON OF 2 TERTIARY CENTRES

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Aims: Regular anal dilatations are commonly recommended in the post-operative management following PSARP in anorectal malformations (ARM). We compare surgical outcomes of regular postoperative dilatations (RPD) vs. no regular dilatations from 2 UK tertiary paediatric surgical centres.

Methods: Retrospective records review of patients undergoing definitive surgery for ARM in two tertiary surgical centres in the UK over 5 years. Data included ARM type, operative procedures and postoperative dilatation rates. All post-operative interventions under GA were compared between groups by Fisher's exact test (two tailed: GraphPad Prism v7.01).

Results: From 2011 to 2015, 46 PSARPs and 4 mini-PSARPs were performed in centre A (74% male). Centre B had 54 patients (63% male) with 52 PSARPs and 2 mini-PSARPs. The majority (88% in both centres) underwent defunctioning colostomy prior to definitive surgery. Median follow up period was 31 months (IQR 18-48).

The first postoperative anal calibration under GA was documented for 43 (86%) patients in centre A and 42 (78%) in centre B. Following this, centre A followed RPD at home and centre B reserved further dilatations for specific indications. RPD were performed for 100% of patients in centre A vs. 6% in centre B.

Further anal dilatations under GA were performed in 19 (38%) children in centre A and 6 (12%) in centres B (p=0.29).

In centre A, 10 patients (22%) needed further surgery vs. 14 (28%) in centre B (p=0.48). The former included 6 anoplasties (one with covering stoma), 1 PSARP, 2 mucosal prolapse trimming and 1 manual evacuation. Centre B performed 1 anoplasty, 1 PSARP, 5 mucosal prolapse trimming, 4 manual evacuation, 1 repair of fistula in ano and 1 rectal plication.

Conclusions: The use of RPD does not significantly alter surgical outcomes following PSARP in ARM.