ANAL DILATATION PROTOCOL

Rationale
Anal dilatation is usually needed following surgery to correct bowel and anus abnormalities. Such as anoplasty and pull-through for imperforate anus. It may also be needed if the baby is felt to have a tight anus and is struggling to pass stool.

Equipment
- Dilatation involves inserting a dilator into the anus once or twice a day. The Surgeon will decide the size of the dilator needed, once they have performed the first dilatation, how often to carry out the dilatation and how far to insert the dilator - this is usually not more than 1.5cms in a neonate (but maybe further in a larger term baby).
- Record the size of dilator and frequency of dilatations needed on the care plan.
- Hegar’s dilators are “S” shaped and made of hollow steel with closed ends. Each dilator is 8 inches long and double ended. One end is 1mm larger than the other. The size of the dilator ends are marked in the middle of each dilator.
- The dilator should be held with the tip pointing upwards and inserted in this way.
- Hegar’s available on the unit are: 5 + 6, 7 + 8, 9 + 10, 11 + 12. Each has been sterilised individually by Sterile Services Department (SSD) and they are kept in the blue surgical box in the treatment room. Dilators are NOT disposable.

Practice
- Collect together the Hegar dilator, aqueous jelly, clean nappy and towels.
- Take off the baby’s nappy.
- Lubricate the dilator with aqueous jelly, put some jelly on the anal opening.
- Hold both the baby’s feet with one hand and gently insert the dilator into the anus with the other hand. The tip of the dilator should be pointing upwards as it is inserted. (It maybe easier to have one person holding the feet and comforting the baby whilst
another inserts the dilator, as you get used to the procedure it becomes easier for one person).

- When the dilator is inside the anus, count to five and then remove the dilator.

- Initially the baby maybe distressed but will settle fairly quickly afterwards.

- If done following surgery, do not be alarmed if there is some bleeding rectally. This is quite usual, if the bleeding continues for long periods, the Surgeon should be informed.

- Increase the size of the dilator as instructed by the surgeon.

- Clean the dilator in hot soapy water and dry before storing it in a bag with the key fob from SSD. Once dilatation has been stopped or the dilator size is changed return the dilator to SSD for sterilising. DO NOT DISCARD the dilator, they are not disposable.

- The dilators are individually packaged by SSD and are kept in the blue surgical box in the treatment room.

- Dilatation will continue until the anus has been the desired size - as instructed by the Surgeon or when the baby is able to pass stool without any difficulty. Dilatation should be continued until the surgeon indicates otherwise.

- If dilatation is to continue at home, contact the Paediatric Community Nurses so they can provide the correct dilators at home.

References

- www.convatec.com/uk
- www.pedisurg.com
- www.medlineplus.gov
- www.ssrsurgical.com