



COLORECTAL AND PELVIC
RECONSTRUCTION SERVICE

Anal Dilatations

Information for families

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Colorectal and Pelvic Reconstruction Service (CPRS)
Information for families

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The Royal Children's Hospital Melbourne

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Authors

Associate Professor Sebastian King, Director CPRS,
The Royal Children's Hospital Melbourne

Dr Kim-Michelle Gilson, Psychologist CPRS,
The Royal Children's Hospital Melbourne

Mrs Suzie Jackson-Fleurus, Clinical Nurse Consultant CPRS,
The Royal Children's Hospital Melbourne

Ms Jessica Taranto, Clinical Nurse Consultant CPRS,
The Royal Children's Hospital Melbourne

Ms Olivia Larkens, Child Life Therapist CPRS,
The Royal Children's Hospital Melbourne

Mrs Ellie Braitberg, Social Worker CPRS,
The Royal Children's Hospital Melbourne

Acknowledgements

We are indebted to the contributions of the many families that are cared for by the CPRS team. This resource is for all families affected by colorectal and pelvic conditions.

About this booklet

The Colorectal and Pelvic Reconstruction Service (CPRS) at The Royal Children's Hospital Melbourne (RCH) is leading the way in colorectal and pelvic care in Australia.

We aim to deliver the highest quality clinical care to children and families with colorectal and pelvic conditions. We play a vital role in increasing the awareness, understanding and knowledge of these conditions in the community, and work collaboratively to educate health care professionals.

This booklet has been developed to support parents, carers and children who have colorectal and pelvic conditions. The CPRS seeks to establish a healthy relationship with all families, as we believe this enables the best care possible. The content of this booklet has been developed based on the extensive clinical experience of the authors and the most recently published evidence for this clinical condition.

This CPRS booklet has been categorised into different stages of your child's journey, which allows you to read the information that is important to you at the time. Some parts may appear repetitive. This is because some of the information is relevant throughout different periods of your child's care.

Everyone learns differently. Some people like to read instructions, some like to learn by having information explained to them, and many like to do both. Make sure you tell the members of the CPRS team if you are finding any information in this booklet difficult to understand.

Anal dilatations

After surgical repair, the body has a natural tendency to close the surgical wound as a part of the healing process. Care of your child after their definitive surgery includes a procedure to prevent the wound closing, called an anal dilatation.

All parents are used to providing personal care for their child, such as bathing them and changing their nappy. However, the care of the wound after colorectal surgery is more extensive, and parents may initially find this information confronting or distressing.

We understand the adjustment process for parents may be difficult, so the CPRS team includes Clinical Nurse Consultants (CNCs), Stomal Therapists, a Psychologist, a Child Life Therapist and a Social Worker, who are all able to provide advice and support for children and their families.

Following your child's anorectoplasty or pull-through procedure, anal dilatations may be required to keep the newly formed connection in the bowel open to the right size. Dilatations involve placing a metal dilator into your child's anus (bottom) once to twice per day. The dilator will slowly stretch their anus to the correct size.

Anal dilatations — your first dilatation

The surgeon will make a decision about anal dilatations after your child's definitive procedure. Dilatations routinely commence three to four weeks after this and the first anal dilatation will be performed as a day surgery procedure at the RCH. The CNCs will inform you of the date of the first anal dilatation and discuss the procedure with you.

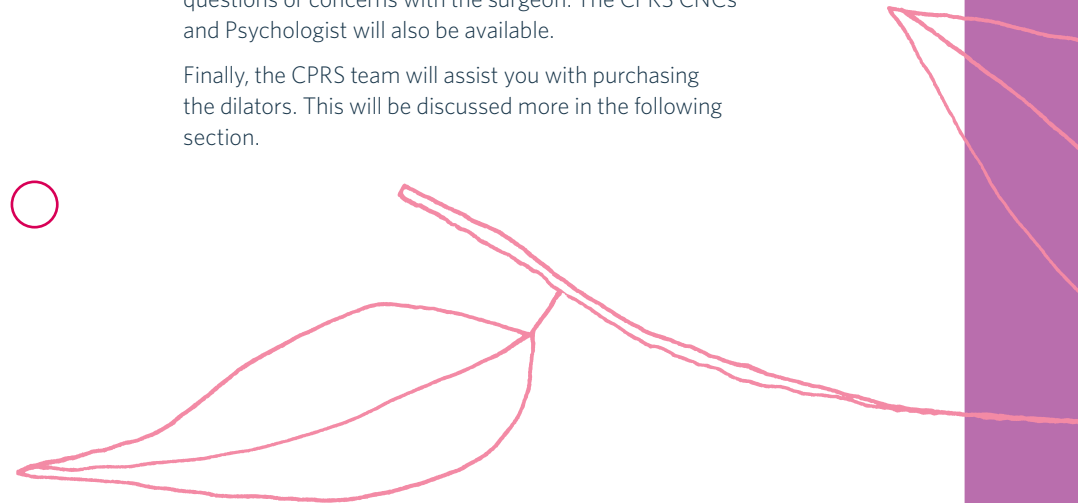
The first dilatation will be done in theatre, with your child under general anaesthesia so that they are not conscious of what is happening. This is when the CPRS team will provide you with anal dilatation education. If you are unsure about seeing your child under general anaesthesia please discuss this with the CPRS Psychosocial team.

The surgeon will first assess your child's anus to ensure that the wound is healing and that dilatation is possible. There are times where the decision may be made to wait another one to two weeks if the anal wound has not healed.

If the decision is made to progress with anal dilatation education, you will be brought into theatre by the CNC. The surgeon and CNC will talk you through the steps involved in performing the anal dilatation and both parents or carers will have the opportunity to perform the procedure.

Once you have had the opportunity to perform the dilatation you will be taken to a clinic room by the surgeon and CNC. During this time you will have an opportunity to discuss the dilatation plan, clarify details and voice any questions or concerns with the surgeon. The CPRS CNCs and Psychologist will also be available.

Finally, the CPRS team will assist you with purchasing the dilators. This will be discussed more in the following section.



Anal dilatations — equipment

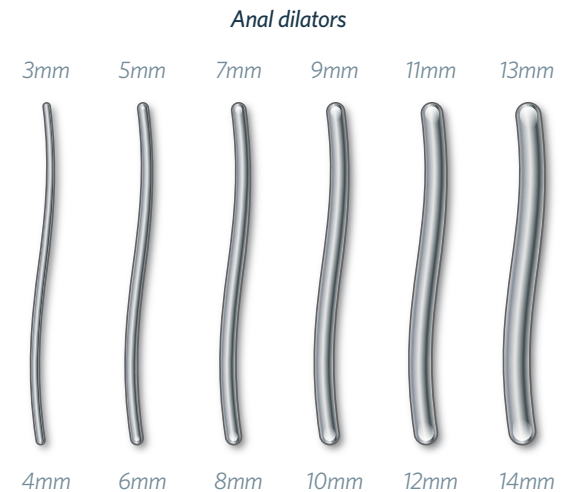
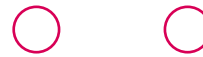
- Change mat/table and protective sheet
- Lubrication gel (water based only)
- Hegar dilators
- Disposable bag
- Clean nappy or underwear
- Baby wipes

You will need to purchase your own set of anal dilators.

Dialators may be purchased from the Equipment Distribution Centre (EDC) on Level B2, via the Green Lifts. EDC orders may be placed online, over the telephone, by fax, or in person. Each dilator is between \$25 and \$30 and you may expect to need three to four in total.

The CNCs will help you navigate EDC after your child's first anal dilatation.

You will also need standard water-based lubrication gel. This may be purchased from EDC, your local supermarket or pharmacy.



Anal dilatations — a step by step guide

Dilatations often require two people initially; one to cuddle your child and help them remain still, and the other to perform the dilatation.

To reduce discomfort, perform dilatations before meals when your child's stomach is not full. Although your child may feel a small amount of discomfort during the dilatation, your child should not need regular pain medication. Once the dilatation is done, your child should not be in any further discomfort.

- Start by gathering your equipment (toys that will engage your child's interest straight after the procedure are also important)
- We recommend to mark the dilator at 5cm from the tip on each end with a laundry marker. This will ensure that the dilator is inserted to the correct length
- The dilator and the tube of lubrication gel may be placed in some warm (not hot) water for 5 to 10 minutes prior to the dilatation
- Apply the lubrication gel to the end of the dilator
- Hold the dilator like a pencil and spin gently as you insert
- Once the dilator is inserted, hold in place for five seconds and then gently remove
- A small bit of blood after dilatation is normal, especially if increasing the size of the dilator. This may be exacerbated by the lubrication gel. Contact the CPRS team if there is a large amount of blood coming from your child's anus
- Always wash your hands and the dilator with warm soapy water after use



Increasing dilator size

- The size of dilator is normally able to be increased every 10 to 14 days
- When increasing the size of the dilator, your child may feel slightly uncomfortable. Pain relief (Panadol, sucrose, rectal lignocaine) may be given 20 minutes prior to dilatation to help relieve discomfort
- When increasing the size of the dilator to the next size, it is helpful to use the smaller sized dilator initially to lubricate the anus
- If you are having trouble inserting the next size of dilator, insert the smaller size first and then the larger size

Tapering regimen

Once your child's anus has reached the appropriate size, and their stoma has been closed, your child will start an anal dilatation tapering regimen.

Dilatations are usually tapered as follows:

1. Daily for one month
2. Second daily for one month
3. Third daily for one month

You will then have an outpatient clinic appointment with the CPRS team to assess your child's anus and decide if anal dilatations may cease.

Anal dilatations — your child's regimen

Frequency of dilatations	
Starting size	
Goal size	

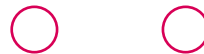
You will need to continue dilatations until your child's anus has completely healed and reached the desired size. This will be determined by your surgeon.

Dilatations are slowly weaned off and a plan for this will be discussed in your CPRS outpatient clinic appointment.

Anal dilatations — emotional impact

We recognise that the dilatations may be very challenging for parents. There is a lot you may do to help you and your child manage psychologically through the process.

On the following pages is an example of how to approach the procedure. However, you know your child best, so use what you feel is appropriate.



Preparing yourself to do the anal dilatations

You may be feeling anxious about the dilatations, which is perfectly normal and understandable. It will be easier for you to provide reassurance to your child if you are feeling calm. If you can ensure that the person helping you perform the dilatations is someone that you trust and can rely on, this will increase your confidence.

Even if you don't feel calm, try and take a deep breath, remind yourself that the dilatations will be over within a short period of time, and do your best to not let your child see your distress.

Talk to your child

Before you start, help your child gently settle into a calm state. Do what you know your child prefers (e.g. stroke their face, sing, gentle chatting).

Calmly talk to your child about what is going to happen. Having a similar 'script' that you use each time will make the dilatations more predictable for your child and will help you approach the procedure with more confidence. Take some time to think about what you are comfortable saying to your child.

An example may be:

"Now, it's time for the dilatations. This will help your body recover properly from the surgery and give your bottom the best chance of passing a poo easily. We won't have to do this forever; just until everything has healed properly".

Reassure your child that you're there alongside them and it will be over quickly.

The simple, matter of fact words that you use may also help explain what is happening to older siblings or visiting relatives.

Using a technical term like dilatation may often work well as it is a term only used for this procedure and avoids confusion.

Your child may protest or cry during the dilatations. Although this is distressing for parents, it is natural and appropriate for your child to protest if they are uncomfortable.

Reassure and cuddle your child afterwards, and gently engage them in another experience, such as singing a song, playing with a rattle or other child toys, until they are calm. Tell your child when the dilatations are finished.

You may wish to offer a feed after the dilatation.

Create a predictable routine

Try to conduct the dilatations at a similar time of the morning and night, each day. Incorporate the dilatations into a predictable routine, together with talking to your child about what is about to happen and telling them when the dilatation has finished. This will help to reduce the risk that your child will spend the whole day in an “alert and alarmed” state, worrying that it is going to happen again.

It might be helpful to choose dilatation routine times when you know you, and your child, will feel more energised — that way, you both feel more able to cope.

As mentioned earlier, having another trusted person to help with the dilatations may make the procedure easier.



Choosing a location

Avoid conducting the dilatations in your child’s safe space, such as their cot or play mat. Choosing a consistent place to do the dilatations should further add a sense of predictability to the routine.

If using a nappy change table (a common place), it may be helpful to have a particular coloured sheet for the change mat that you only use during the dilatations. This will reduce the risk that your child will worry that every nappy change involves the procedure. After the dilatation, you may both put the coloured sheet away so your child knows that the dilatations have finished.

When changing your child’s nappy and not performing the dilatation, explain that it is nappy change time and have a different coloured sheet ready to distinguish this from dilatation time.

Coping with anticipatory anxiety

You may notice that your child starts to show mild levels of apprehension when they realise that dilatations are about to happen.

Techniques to reduce anticipatory anxiety are:

1. Talking to your child in a calm manner before, during and after the dilatation.
2. Offering engaging activities or toys as distraction during the dilatation.
3. Making the dilatations part of a predictable routine.
4. Clearly announcing that the dilatations are finished.

Explaining the procedure to older siblings

It is important to talk to your child's siblings so that they also have a good understanding of what the dilatations involve and why they are happening. Without clear information, young children may develop their own theories about illness and medical procedures and may worry that they will catch the same illness or require the same procedure.

It is best to give clear, factual information. The simple, matter of fact words that you use may also help explain the procedure to visiting relatives.

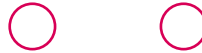
A possible explanation to a toddler or pre-schooler could be:

"When baby was growing inside mummy's tummy, before they were born, their tummy and bottom grew a bit differently.

The doctors had to do an operation to make sure that baby's poo could come out of their bottom and didn't get stuck inside.

We have to make sure that the skin around their bottom doesn't grow back and cause a blockage. Remember when you had a cut on your finger/knee, we put a Bandaid on and your skin grew back really quickly and now we can't see the sore. Well, we don't want the skin to do that where the new bottom is, and so we do dilatations to make sure that baby's bottom will allow the poo to come out.

Sometimes, baby cries when we are doing the dilatations because they don't like us to hold them still and they can't see what's happening and it feels a bit weird. We won't have to do this forever".



It may be helpful to guess a time frame that makes sense to the child, such as until Christmas, after your birthday, after our holiday, etc.

Again, remaining calm will reassure your child's sibling that no harm or danger is present.

Any problems doing the procedure or other issues

If you are unable to complete the anal dilatation or have any concerns, please contact the CPRS Clinical Nurse Consultant on (03) 9345 6970 or at colorectalnursingcnc@rch.org.au

If you would like advice or counselling to help your child, other children, yourself or other family members deal with the emotional impact of the dilatations, please feel free to contact the CPRS Psychologists at colorectalpsychology@rch.org.au





The Royal Children's Hospital Melbourne
Department of Paediatric Surgery
Colorectal and Pelvic Reconstruction Service (CPRS)

Clinical Offices
Level 3, West Building
50 Flemington Road Parkville
Victoria 3052 Australia

Telephone + 61 3 9345 6979
Facsimile + 61 3 9345 6668
Email colorectal.coordinator@rch.org.au
www.rch.org.au/paed-surgery

www.rch.org.au/cprs