

Anal Dilatations

Home Management



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Anal dilatations are done to prevent the anal opening from becoming smaller. Anal dilatations (sometimes called Hegar dilatations) slowly stretch the anus. They are done either following surgery or because of an assessment made by your child's surgeon following a rectal exam. Your surgeon will explain how often and for how long these dilatations will need to be followed. This can range from a few weeks to six or seven months. Throughout this pamphlet you will see dilation and dilatation used interchangeably.

Teaching will be done by your surgeon, or the Wound Ostomy Continence Nurse (WOCN). Before you go home, a nurse will demonstrate the procedure to you, and ask you to demonstrate it in return.

My child is having dilatations because of:

- Anorectal surgery (for Imperforate Anus or Hirschsprung's)
 - * following surgery wait until your surgeon advises you to re-start dilatations, you will get a couple weeks of 'holiday' from dilating.
- A diagnosis of Anal Stenosis

I have been told by my child's surgeon or WOCN that the Hegar Dilatations will happen

- Twice Daily
- Daily
- 2-3 times a week
- Other: Write down how often the Hegar dilatations will happen.

The supplies needed for the dilation are listed below:

- ▶ The Hegar Dilator supplied by the hospital.
- ▶ Water soluble lubricant (such as a KY jelly, available at your local drug store).
- ▶ Soap and Water for cleaning the dilator when you are finished.

Find a consistent time to do the dilation. Your child will learn that the dilation is part of his/her routine, and makes it a part of your routine as well.

The procedure for doing an anal dilation is described below:

1. Wash your hands.
2. Find a second helper if needed to help hold your child. If this is still a new procedure, you might need more help until you get comfortable.
3. Lubricate (rub) the end of the dilator with water soluble lubricant.
4. Position your child on his/her back or side and expose his/her anus.
5. With the lubricated Hegar dilator apply gentle pressure until the Hegar dilator passes into the anus.
6. Insert the Hegar dilator up to the pink tape mark or approximately 2-3cm (1 – 1 ½ inches) if there is no tape mark.
7. Remove the Hegar dilator.
8. Clean and diaper your child as you usually would.
9. Cuddle your child if he/she is upset.
10. Wash the dilator with soap and water.
11. Wash your hands with soap and water.

Tips to make this procedure more comfortable for your child:

- ▶ Run the dilator under warm running water to warm the dilator up. The cold metal can cause some discomfort due to the temperature change.
- ▶ Do the anal dilatations at the same time during the day. This can help your child accept this as part of his/her routine and makes it less stressful for your child and you.
- ▶ Some parents find that holding their baby's knees together makes inserting the dilator easier.

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Common Questions regarding Anal Dilations

1. I noticed some bleeding following the dilation –is this normal?

Some bleeding is normal following anal dilations, however, this should be no more than a few drops and be immediately following the dilation (you might notice it on the next diaper change though). This spotting should stop over a week or two.

Bring your child to the BC Children's Hospital Emergency if:

- ▶ the bleeding persists or does not stop over a few weeks, or
- ▶ appears as a 'trickle' coming from the anal opening

If at anytime you have questions about bleeding you think is related to anal dilatations, please contact your surgeon's office.

2. Do the dilatations hurt?

Although the dilations might not be comfortable for your child, it should not require regular pain relief. You may find that if your child has had surgery for Imperforate Anus, that they sometimes require some pre-medication with Tylenol while the sutures are still in place. Please follow package directions for proper dosing guidelines.

3. Will my child remember the anal dilatations when they are older?

There is no evidence to suggest that anal dilations done in infants is recalled by children when they are older. We follow many teenagers who were dilated as infants, and this is not something they recall. If you have further concerns about this please speak to your surgeon or Wound Ostomy Continence Nurse.

4. What do I do with my Hegar Dilator when my child has a clinic appointment or is finished with the dilations?

Please bring the Hegar dilator to every clinic appointment as the Hegar dilators have different sizes, and your surgeon may recommend a new size for your child's ongoing care. If you are finished with your dilations, congratulations! However, PLEASE return the dilators as they are approximately \$50 each and we sterilize them and re-use them for other children.



If you have any further questions please contact the Wound Ostomy Continence Nurse Clinician at 604-875-2345 local 7658 and leave a message. If it is regarding something urgent, then please contact your surgeon's office or head to your local emergency department for further assistance.

Its good to ask!