

Anorectal Malformation/ Imperforate Anus



Patients have come to the
Peña Colorectal Center from all
50 states and **88 countries**

800

Complex colorectal
procedures performed each
year — more than any other
center in the world

3,300+

Pull-through procedures
performed for anorectal
malformation, Hirschsprung's
disease and other
colorectal disorders

The Alberto Peña, MD, Colorectal Center at Cincinnati Children's Hospital Medical Center is an international leader in the treatment, research and education of patients with anorectal malformation/imperforate anus. Founding director Alberto Peña, MD, revolutionized the surgical treatment of this condition in 1980 when he introduced the posterior sagittal anorectoplasty. Also known as the pull-through procedure, this has become the surgical standard of care worldwide for anorectal malformation, and also has been applied with modification to the surgical repair of Hirschsprung's disease, cloacal malformation and many other colorectal disorders.

HOW WE'RE DIFFERENT

Led by internationally renowned surgeons, the Peña Colorectal Center provides advanced surgical interventions for children with anorectal malformation.

Our surgeons have performed more than 5,000 complex colorectal procedures at Cincinnati Children's and around the world. The surgery we perform most frequently is the pull-through procedure, which provides surgical accuracy in repositioning the anus, minimizes damage to the surrounding anatomical structures, reduces postsurgical pain and improves outcomes.

Patients with anorectal malformation often experience associated gynecologic and urologic problems that require specialty care. Our dedicated gynecologist and urologists have extensive experience in treating patients with anorectal malformations who have these associated conditions.

CONDITIONS TREATED

The Peña Colorectal Center offers surgical repair of all forms of anorectal malformation, including:

- Cloaca
- Cloacal exstrophy
- Imperforate anus without fistula
- Rectal atresia
- Rectal stenosis
- Rectobladderneck fistula
- Rectoperineal fistula
- Rectourethral bulbar fistula
- Rectourethral prostatic fistula
- Rectovaginal fistula
- Rectovestibular fistula

TREATMENT TEAM

Colorectal Surgery

Jason Frischer, MD
Director

Alberto Peña, MD
Founding Director

Daniel von Allmen, MD
Surgeon-in-Chief

Andrea Bischoff, MD

Belinda Hsi Dickie, MD, PhD

Michael Helmrath, MD, MS

Beth Rymeski, DO

Pediatric Urology

Pramod Reddy, MD

Brian VanderBrink, MD

Pediatric Gynecology

Lesley Breech, MD

Advanced Practice Nurses

Ebony Moorefield, APRN

Nursing

Jerry Flynn, BSN, RN, CPN

Monica Holder, BSN, RN, CPN

Lyndsey Jackson, BSN, RN, CPN

Patricia Kern, BSN, RN, CPN

Dana Koehler, BSN, RN, CPN

Nutrition

Kristina Hettiger, RD

Abby Marck, RD

Social Work

Christina Stewart, MSW, LISW-S

TREATMENT APPROACH

Sophisticated diagnostics allow us to obtain a thorough understanding of each patient's anatomy prior to surgery. Technologies utilized include 3D cloacagram, contrast enema studies, fluoroscopy, abdominal ultrasounds and magnetic resonance imaging.

In addition to the pull-through procedure, our surgeons perform colostomies, Malone appendicostomies and rectosigmoid resections, using laparoscopy in a variety of situations. Non-surgical options include medical management, nutrition therapy and our highly effective bowel management program, which has a 95 percent success rate in treating children with fecal incontinence.

MULTIDISCIPLINARY CARE AND COLLABORATION

To address the complex issues that many of our patients face, our doctors collaborate with other pediatric specialists at Cincinnati Children's in disciplines such as urology, gynecology, radiology, orthopaedics, neurosurgery, gastroenterology and fetal medicine, among many others.

The Peña Colorectal Center cares for patients through every stage of life and helps referring physicians provide ongoing follow-up. As part of our comprehensive approach, we work with patients and their parents to prepare for the possible challenges of puberty, sexual function and childbearing as they relate to colorectal issues, as well as maintain good renal health.

Success Rates for Bowel Control Following Surgical Procedure

Condition	Patients	Voluntary Bowel Movements
Rectal atresia /rectal stenosis	14/14	100%
Rectoperineal fistula	62/64	97%
Rectovestibular fistula	144 / 160	90%
Imperforate anus without fistula	35 / 43	81%
Rectourethral bulbar fistula	93 / 117	79%
Cloaca: short common channel (< 3cm)	68 / 101	67%
Rectourethral prostatic fistula	74 / 112	66%
Rectovaginal fistula	2 / 4	50%
Cloaca: long common channel (> 3cm)	27 / 73	37%
Rectobladderneck fistula	12 / 53	23%

Patients with poor prognosis for bowel control following surgery (which relates to associated spinal or sacral problems) are referred to our Bowel Management Program, where they are kept artificially clean with enemas. After completion of the program, they will be able to stay clean and in underwear without the need for a colostomy.