A simple technique to make identification of the rectum easier when performing a posterior sagittal anorectoplasty

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BACKGROUND

Following publication of the initial paper in 1982, Peña's posterior sagittal anorectoplasty has become the technique of choice for the management of anorectal malformations.¹ Identification of the rectum can be difficult if it is a high anorectal malformation with the rectum under the coccyx. We describe a useful technique for aiding the identification of the rectum and avoiding injury to other structures such as the urethra or seminal vesicles.

TECHNIQUE

Prior to positioning the patient for the sagittal approach, a Foley catheter (typically 10Fr or 12Fr) is inserted into the mucus fistula and the balloon inflated with 3–5ml. This is then secured with tape and the patient is positioned prone for surgery.

An unscrubbed member of the team can then aid the identification of the rectum by insufflating air at the direction of the operating surgeon with a 50ml bladder-tip syringe. This makes the rectum more prominent and easily identifiable when proceeding with the sagittal dissection. We find 30–50ml is usually sufficient to dilate the distal bowel, with the inflated catheter balloon providing a reasonable seal around the catheter.

DISCUSSION

This is a simple, safe and effective technique that we have found very useful when performing this operation.

Reference

1. deVries PA, Peña A. Posterior sagittal anorectoplasty. *J Pediatr Surg* 1982; **17**: 638–643.

Figure 1

Modified dissection scissors with a functional ligation aid

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BACKGROUND

Scissors have been one of the most important tools of a surgeon's armamentarium for many centuries. Scissors are routinely used for the dissecting and cutting of tissues as well as sutures. Ligation of tissues or vascular pedicles is usually performed by a separate manoeuvre using sutures, clips, electrocautery or, more recently, ultrasonography.

Figure 1 Modification of the Metzenbaum scissors

Figure 2 Suture passed in the indentation grooves