



Clinical Practice Snapshot

Anorectal Malformations

FINAL VERSION, 211120

1. Type of malformation:
 - a. Type of malformation: [Radio button, one selection]
 - perineal fistula
 - rectourethral fistula (undetermined type)
 - rectourethral fistula, bulbar type
 - rectourethral fistula, prostatic type
 - rectovesical fistula (bladderneck fistula)
 - vestibular fistula
 - cloacal malformation
 - no fistula
 - anal stenosis
 - pouch colon
 - rectal atresia
 - rectal stenosis
 - rectovaginal fistula
 - H-type fistula
 - Not determined or unknown

2. Definitive repair:
 - a. Procedure: [Tickbox, multiple selection]
 - Anoplasty ASARP PSARP Laparoscopic assisted repair
 - miniPSARP TUM PSARVUP Open abdominal repair
 - Unknown No definitive repair performed (yet) No definitive repair necessary
 - Other (*answer question 2b*)
 - b. Specification other definitive repair: [String]
 - c. Date definitive repair: [Date, dd/mm/yy format; at/after DoB]

3. Visualization study of kidneys and bladder:
 - a. Ultrasound kidneys performed: [Radio button, one selection]
 - Yes No Unknown
 - (if yes, answer questions 3b)
 - b. Date first ultrasound kidneys performed: [Date, dd/mm/yy format; at/after DoB]
 - c. Voiding Cystourethrogram (VCUG) performed: [Radio button, one selection]
 - yes no Unknown
 - (if yes, answer questions 3d and e)
 - d. Date first VCUG performed: [Date, dd/mm/yy format; at/after DoB]
 - e. Vesicoureteral reflux: [Radio button, one selection]
 - No gr 1 gr 2 gr 3 gr 4 gr 5 Unknown

4. Evaluation of spine and sacrum:
 - a. Ultrasound spine performed in the first 3 months of life: [Radio button, one selection]
 - Yes No Unknown
 - (if yes, answer questions 4b)
 - b. Date first ultrasound spine performed: [Date, dd/mm/yy format; at/after DoB]

- c. X-sacrum performed: [Radio button, one selection]
 Yes No Unknown
(if yes, answer questions 4d)
- d. Date first X-sacrum performed: [Date, dd/mm/yy format; at/after DoB]
- e. Ultrasound sacrum performed: [Radio button, one selection]
 yes no Unknown
(if yes, answer questions 4f)
- f. Date first US Sacrum performed: [Date, dd/mm/yy format; at/after DoB]
5. Constipation (independent of age):
- a. Present or being treated at time of survey: [Radio button, one selection]
 Yes No Unknown
(if yes, answer question 5b)
- b. Constipation is treated with: [Radio button, one selection]
 Diet
 Regular use of laxative
 Regular use of enemas or rectal washouts as in bowel management program
 Stool softener (such as polyethylene glycol)
 No treatment
6. Incontinence:
- a. Incontinent for feces (age > 4 years): [Radio button, one selection]
 Yes
 No
 (pseudo)continent with bowel management program (enemas)
 undetermined or age <4 years
(if yes, answer question 6b)
- b. Severity of incontinence: [Radio button, one selection]
 Regular loss of large amount of feces (daily or weekly)
 Soiling: regular loss of small amount of feces (smearing, daily or weekly)



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Co-funded by the European Union

