Plastic pens as substitutes for metallic dilators

Sir,

Dilatations are generally recommended after reconstruction of the anorectum and vagina in children with anorectal and genital malformations.\(^{1,2}\) The commonly used dilators, e.g. Hegar’s dilators, are metallic in nature. We perform a large number of operations for anorectal and genital malformations in our institution. Following such reconstructions, we recommend dilatation starting from the 10\(^{th}\) to 14\(^{th}\) postoperative day, initially twice per day for a period of 2 months and then daily for a period of at least 6 months. One or both the parents are taught the procedure in the clinic and then dilatations are done by them at home. The size of the dilators also needs to be increased periodically.\(^{2,3}\) In our follow-up clinic, we often face the problem of finding a suitable-size dilator for the patient. The relatives of the patients, often from poor socioeconomic class, find it difficult to get the metallic dilators from the market.

We have adopted a novel technique by using the end of plastic pens for anal and vaginal dilatation. Plastic pens of various sizes are nowadays easily available; they are inexpensive and disposable. The pens should have a smooth conical contour at the end for the procedure to be minimally traumatic. We have created a ‘pen bank’, a collection of plastic pens [Figure 1] in our follow-up clinic and give an appropriate-size pen to the relatives and thus find it easy to handle a large number of patients requiring such procedure. No dilation-related complication has been reported so far.

Therefore, plastic pens are an easily available and cheaper substitute for metallic dilators for anal and genital dilatation in children.

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Editorial comments

Regular and systematic dilatations are an integral part of postoperative management following Pena’s PSARP. A number of objects have been used in the past for anal and vaginal dilatations depending on the ingenuity of the surgeon.\(^{1}\) The guiding principles should be that the dilator is smooth, atraumatic and of adequate size. Pena recommends the following sizes (equivalent to Hegar’s dilators) of dilators in relation to the age of the patient:

<table>
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<th>Hegar’s number</th>
<th>1–4 months</th>
<th>4–8 months</th>
<th>8–12 months</th>
<th>1–3 years</th>
<th>3–12 years</th>
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<td>12</td>
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