

Predicting your Child's Probability for Continence

	GOOD PROBABILITY	FAIR PROBABILITY	POOR PROBABILITY
TYPE OF ANORECTAL MALFORMATION	<input type="checkbox"/> Perineal fistula <input type="checkbox"/> Rectal stenosis / atresia <input type="checkbox"/> Recto-vestibular fistula <input type="checkbox"/> Recto-bulbar fistula <input type="checkbox"/> No fistula	<input type="checkbox"/> Recto-prostatic fistula <input type="checkbox"/> Recto-vaginal fistula <input type="checkbox"/> Cloaca < 3cm common channel	<input type="checkbox"/> Recto-bladder neck fistula <input type="checkbox"/> Cloaca > 3 cm common channel <input type="checkbox"/> Cloacal exstrophy
CONDITION OF SPINE	<input type="checkbox"/> Filum: normal <input type="checkbox"/> End of conus: normal	<input type="checkbox"/> Filum: not normal (fatty) <input type="checkbox"/> End of conus: low (<L2)	<input type="checkbox"/> Filum: fatty mass of cord <input type="checkbox"/> Myelomeningocele
SIZE AND CONDITION OF THE SACRUM (LOWER BACK)	<input type="checkbox"/> Sacral ratio: ≥ 0.7	<input type="checkbox"/> Sacral ratio: 0.4-0.69	<input type="checkbox"/> Sacral ratio: < 0.4 <input type="checkbox"/> Hemi-sacrum <input type="checkbox"/> Presacral mass
POSSIBILITY FOR CONTINENCE	Continence may be reached with toilet training and laxatives.	Continence may be possible with laxatives or enemas.	Continence will be challenging but may be possible with laxatives or enemas.

Glossary of terms

Atresia – a structure is missing or not formed correctly.

Cloaca – the anus is missing, and the urethra, vagina, and rectum join into a single channel (tunnel) instead of 3 separate channels.

Cloacal Exstrophy – a birth defect where the abdominal organs are located outside of the body.

Common channel – the tract where the urethra, genital tract, and rectum join.

Continence – the ability to hold in poop.

Conus – lower part of the spinal cord.

Filum – a thin, threadlike structure on the end of the spinal cord.

Fistula – an abnormal connection between two organs in the body or between an organ and the outside of the body.

Hemi-sacrum – a defect involving the sacrum where part of the sacrum is missing.

Myelomeningocele – a birth defect where the bones of the spine do not close all the way. With this opening, the spinal cord, nerves, tissue, and spinal fluid are exposed.

Perineal fistula - the rectum opens in a hole on the skin between the anus and genitals (perineum). It may be mistaken for the anus, but it is not in the normal place for the anus.

Presacral mass – a tumor that occurs in the space between the rectum and the sacrum.

Rectal – relating to the rectum, or the lower part of the large intestine where poop is stored.

Recto-bladder neck fistula - the anus is missing, and the rectum joins to the bottom of the bladder, where the urethra starts.

Recto-bulbar fistula - the anus is missing, and the rectum joins into the lower (bulbar) part of the urethra.

Recto-prostatic fistula - the anus is missing, and the rectum joins into the higher part of the urethra, closer to the bladder.

Recto-vaginal fistula – the anus is missing, and the rectum opens into the vagina.

Recto-vestibular fistula – the anus is missing, and the rectum opens just behind the vagina.

Sacral ratio – a value calculated based on the length of the sacrum and certain landmarks on the pelvic bone. It helps predict a child's probability for continence.

Sacrum – group of bones at the lower spine.

Stenosis – a structure is too thin or only partly opened.

Urethra - the tube through which pee leaves the body.