First 24 hours of life – rule out important associated malformations:

**Cardiac anomalies (echocardiogram)**
- 30% of patients have associated cardiac anomalies, 10% of them with hemodynamic repercussion. The most common are: patent ductus arteriosus, atrial septal defect and tetralogy of Fallot.

**Gastrointestinal anomalies (nasogastric tube and babygram)**
- 8% of patients have esophageal atresia, 3% have duodenal atresia.

**Urological anomalies (kidney ultrasound)**
- 50% of patients have an associated urological condition. The most common are: hydronephrosis, vesicoureteral reflux, absent kidney and megarureter.

**Spinal anomalies (sacral radiograph AP and lateral, spinal ultrasound)**
- 25% of patients have tethered cord that can be detected with a spinal ultrasound. The sacral radiographs will rule out a hemi-sacrum (indication of a presacral mass) and would allow to calculate the sacral ratio (help to determine the prognosis for future bowel control).

**Hydrocolpos in patients with cloaca (pelvic ultrasound)**
- 30% of cloaca patients have a very distended vagina that should be permanently drained at the time of colostomy opening.

To calculate the sacral ratio divide: \( \frac{BC}{AB} \)

A value that is equal or more than 0.7 represents good prognosis for bowel control.
Values between 0.41 – 0.69 are considered undetermined.
A value that is equal or less than 0.4 represents poor prognosis for bowel control (fecal incontinence).