

How to Order Metal Hegar Dilators

What do I need to order?

You will need to buy an 8-piece set of metal Hegar dilators before starting anal dilations on your child. This will be your child's personal set to be used **ONLY** in the home. Your provider will teach you how to use them and which size to use. You will need to order a complete set of 8 as your child will use several different sizes.

Where can I order Hegar dilators?

You can order these dilators online at any time. There are a number of online retailers you can order from, including **Amazon** and **Walmart**. Online search words you can use:

- "Hegar dilators"
- "gynecology instruments"
- "double ended uterine instruments"

What are the important things to look for when I am deciding which Dilator set to buy?

- Do not buy the plastic dilators.
- The average cost of these dilators is between \$18- 30 dollars.
- The 8-piece set includes several different sizes from # 3 through #18.
- The dilators are double ended to accommodate the various sizes.
- The dilators are round, slightly curved and have a tip shaped like a cone.
- It's made of high quality medical grade stainless steel.
- You should get your dilators delivered to your home in 2-3 days depending on the retailer.

This is what the dilators look like:





Instructions for basic care:

After each use of the dilator, wash it well with soap and warm water. Dry well and replace in case or Ziploc bag.

Health Insurance/FSA Reimbursement

Some health insurances, HR Departments, Flexible Spending Accounts (FSA's) and Health Reimbursement Accounts (HRA's) will consider the purchase of the metal Hegar dilation set as a reimbursable expense. Certain conditions must be met. You may be eligible to receive a full or partial reimbursement. If you would like to determine your eligibility, please do the following steps:

1. Ask your doctor or advanced practice provider (NP/PA) to complete the letter of medical necessity below or write a prescription.
2. Once you purchased the item online, print the receipt emailed to you from the retailer.
3. Send the receipt and the prescription or letter from your doctor to your insurance provider for reimbursement.

Financial Assistance

If you have questions regarding the need for financial assistance, please ask your care provider to direct you to the **LPCH Case Management Office** at **(650) 497-8242**.

Resources

The Colorectal Program
Lucile Packard Children's Hospital Stanford
300 Pasteur Drive, Always M116
Palo Alto, CA 94305
Phone: **(650) 723-6439** FAX: **(650) 725-5577**
pedsurg@stanfordchildrens.org
www.pediatricsurgery.stanford.edu



Letter of Medical Necessity

This letter serves as a prescription and letter of medical necessity for the patient referenced below currently under the care of our Pediatric General Surgery Service for treatment of the following:

Imperforate anus or anorectal malformation Hirschsprung's Disease Other: _____

To be filled out by parent:

Patient Name	
Sex:	
Date of Birth:	
Address:	
Phone Number:	Home: Cell:
SS#	
Your Care Provider (MD/NP/PA)	
Phone:	
Fax:	

To be filled out by the provider (MD/NP/PA) regarding patient listed above:

Date:	
I refer this patient because of diagnosis of...	Dx: Imperforate anus or anorectal malformation <input type="checkbox"/> s/p colostomy <input type="checkbox"/> s/p PSARP (posterior sagittal anorectoplasty) <input type="checkbox"/> s/p colostomy closure <input type="checkbox"/> with perineal fistula <input type="checkbox"/> Dx: Hirschsprung's disease s/p laparoscopic pull through procedure <input type="checkbox"/> Dx: Anal stenosis/stricture <input type="checkbox"/> Other:
Reason to require use of metal Hegar dilators...	Anal dilations are required to be done either before or after anorectal operations or for other specified medical conditions determined by the care provider. This is a safe procedure that helps stretch (dilate) the size of the anus. It's very important, especially after surgery to prevent the body from forming scar tissue and narrowing the anal opening.

Provider Comments:

Provider Signature: _____ Date: _____