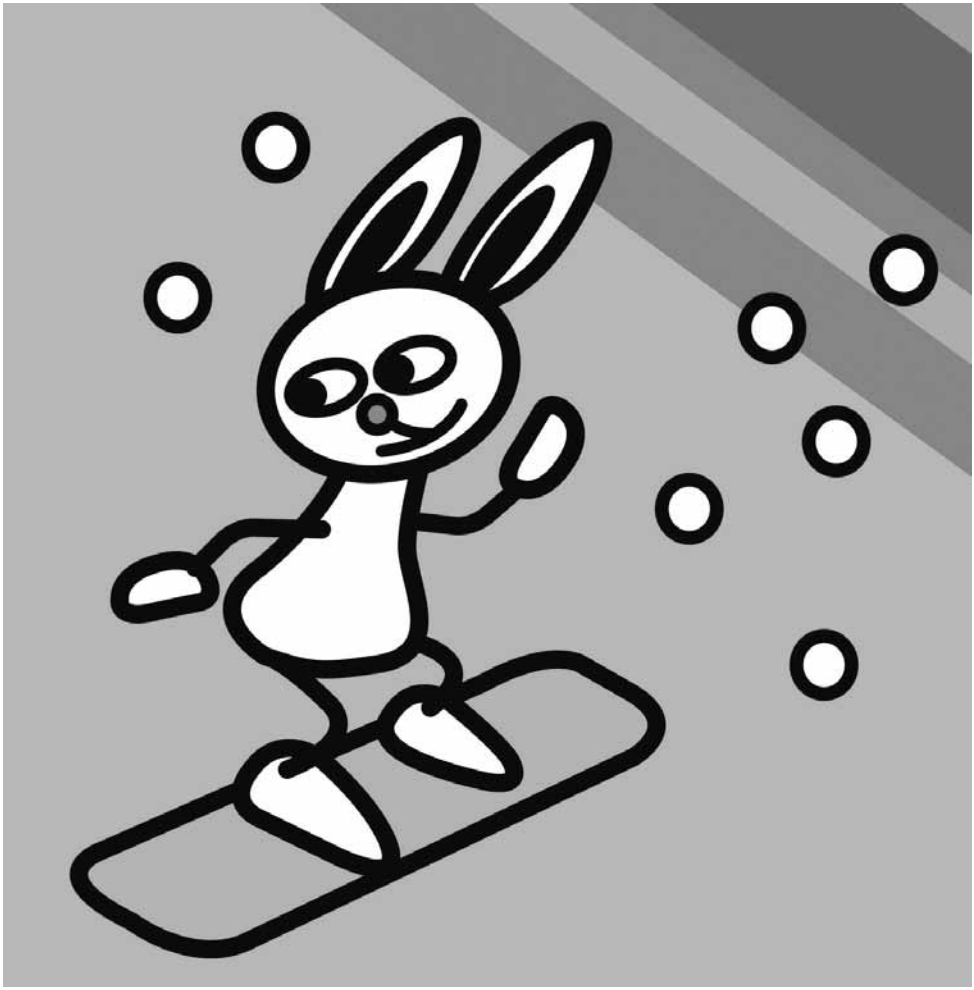
Oxford Radcliffe Hospitals NHS
NHS Trust

The Children's Hospital
Tom's Ward

Pyloric Stenosis

Information for parents



What is pyloric stenosis?

This is a condition that can affect babies in the first few weeks of life, usually at about 6 weeks. It tends to affect boys more than girls.

Pyloric stenosis is a narrowing of the pylorus – the passage between the stomach and small intestine. This narrowing obstructs the movement of milk or food into the intestines. In infants the blockage is caused by the muscles of the pylorus becoming too thick. We do not know why this happens but it can be hereditary (passed on from parents to their children).

What are the symptoms?

In most cases a baby with pyloric stenosis will begin bringing up small amounts of milk feeds. Over a few days this will become worse until the baby can no longer keep any milk down. This vomiting may become so forceful that the milk is projected for several feet out of the baby's mouth – this is called projectile vomiting. The vomit may be curdled and yellow in colour. If the condition is not treated the baby will become dehydrated and not gain weight.

How is pyloric stenosis diagnosed?

The thickened pyloric muscle can be felt as a small, hard lump, especially during feeding. The muscles around the stomach can sometimes be seen straining and moving as the body tries to push milk through the pyloris. The doctor may want to examine your baby during a feed to see if this happens and to observe any vomiting.

Other investigations may be necessary, such as an ultrasound scan.

How is it treated?

Your baby will need to have an operation under general anaesthetic to cut some of the muscle fibres which are causing the problem. This operation is called a pyloromyotomy.

What are the risks?

This is a safe operation and the risk of complications is small. However, all operations carry some risks. The doctors will talk to you about the risks in more detail. The following complications have a less than 5% (5 in 100 patients) chance of happening:

- **Wound Infection.** There is a risk of wound infection.
- **Incomplete pyloromyotomy.** It is possible that the operation may not succeed and your child may require repeat surgery.
- **Perforation of the mucosa.** We try not to open the inner lining of stomach but it is possible that the inner lining may open up. If that happens we will stitch the lining immediately. In this case your child may need to stay for a few extra days in hospital.
- **Anaesthetic risks.** In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years.

  Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

  The exact likelihood of complications depends on your child's medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can talk to you about this in detail at your pre-operative visit.

Alternatives

This operation is the only accepted treatment for this condition. Some hospitals do this procedure using keyhole surgery but this has not shown any benefits over open surgery.

Before the operation

Your baby may need an intravenous drip to give fluids as she/he will be dehydrated because of the vomiting. The operation is performed once your child is fully hydrated.

Your baby will also need a naso-gastric tube through the nose and into the stomach. It allows any fluid that collects in the stomach to be removed, helping to prevent them from feeling sick before and after the surgery.

The doctor will explain the operation in more detail and talk to you about any concerns you may have. An anaesthetist will also talk to you about the anaesthetic. If your child has any medical problems, such as allergies, please tell the doctor.

We will ask you for your written consent for the operation to go ahead. If there is anything you are unsure about, or if you have any questions, please ask the doctor before signing the consent form.

What happens during the operation?

The operation is done under general anaesthetic. Your child will be asleep throughout.

In the anaesthetic room

A nurse and parent can accompany the child to the anaesthetic room. Your child may take a toy.

It may be possible to give the anaesthetic with your child sitting on your lap. Your child may either have anaesthetic gas to breathe or an injection through a cannula (a thin plastic tube that is placed under the skin, usually on the back of the hand).

If the anaesthetic is given by gas, it will take a little while for your child to be anaesthetised. They may become restless as the gases take effect.

If an injection is used, your child will normally become unconscious very quickly indeed. Some parents may find this frightening.

Your child will then be taken into the operating theatre to have the operation.

What happens during the operation?

The surgeon will make a small cut in the abdomen to reach the pyloris and cut some of the surrounding muscle fibres. This widens the opening to the intestine and allows food to pass through. The cut will be closed with dissolvable stitches.

After the operation

Before your baby wakes up we will give them pain relieving medicine. You will be able to rejoin your child in the recovery room as soon as they are awake.

For the first 4 to 8 hours after surgery, your baby will not be able to have any feeds by mouth, to allow the stomach and intestines to rest. We will feed your baby through an intravenous drip. We will slowly increase the amount of food according to the advice of your child's surgeon. It is quite normal for your baby to continue to vomit for a few weeks after the operation, but it will not be the large amounts of projectile vomit as before.

Discharge

You will be able to take your baby home after about 2-4 days. Your baby will be discharged when they are getting an adequate amount of feed. Your baby will soon gain weight. If the wound has a dressing this will need to be taken off after 4-5 days.

Your child's surgeon may ask to see you in outpatients several weeks after the operation. In this case you will get an appointment letter by post. We will write to your child's GP to tell them about the operation. This letter is sent electronically.

If you have any problems after you get home, please contact your GP. Otherwise, you can phone the ward for advice on:

Tom's Ward (01865) 234108 or 234109
John Radcliffe Switchboard (01865) 741166

Further information

If you have any questions, or there is anything you don't understand, please ask one of the doctors or nurses. We hope that this information is useful to you and would welcome any comments about the care or information you have received.

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

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