

The Children's Hospital

Meconium ileus

Information for parents/carers



What is meconium ileus?

Meconium ileus is a condition where a baby's first 'poo' (meconium) gets stuck. This causes their bowel to already be blocked when they are born. Meconium is the first black sticky stool (poo) that a baby passes.

What are the symptoms?

There may be a delay in your baby passing meconium. It is normally passed within 24 hours of a baby being born. Your baby may be uncomfortable and have a swollen tummy (abdomen). Your baby may also not want to feed and may vomit green fluid called bile. This would normally pass through their bowel and come out in their poo.

How is it diagnosed?

Sometimes, an ultrasound before a baby is born may show a blockage in their intestine.

If meconium ileus is suspected after your baby has been born they will need to have an X-ray of their abdomen. This can show up a blockage. A specialised type of X-ray performed with a dye can also be used; this is called a contrast enema. Contrast dye is put into your baby's rectum (back passage) using a small tube and can be seen on the X-ray images as it travels through your baby's large intestine. This can show the doctors where the blockage is in more detail.

What causes meconium ileus?

Some babies who have meconium ileus also have a condition called Cystic Fibrosis, which, along with other symptoms, makes their poo sticky. Your baby may be tested for this.

In some babies there has been a twist of the bowel before birth which has caused their bowel to not develop (ileal atresia).

Some babies have Hirshprung's disease, where some nerves to their bowel are missing.

Your doctor will talk to you in detail about what they think has caused meconium ileus in your baby.

What is the treatment?

Usually, your baby will first need to stop being fed milk. Your baby will be given fluid to keep them hydrated from a bag called a 'drip' through a very small tube, often in the back of their hand. A tube will be passed through your baby's nose into their stomach to drain the bile (green fluid) which collects here. This is to stop your baby being sick and will help make them more comfortable.

In some babies the contrast enema or an enema with saline (salt water) may be enough to unblock their intestine. However some babies may need an operation to unblock their bowel.

Are there any risks?

As there are several ways of treating meconium ileus the surgical team will explain the risks involved depending on the procedure that is best for your baby.

Anaesthetic risks

Having any anaesthetic carries risks but these are small and will be explained by the anaesthetist. Your child's anaesthetist is an experienced doctor who is trained to deal with any complications. Side effects are usually short-lived and not severe.

What happens before the operation?

The doctor will explain the operation in more detail and talk with you about any concerns you may have.

An anaesthetist will also visit you to discuss the anaesthetic your baby will have for the operation. They will also talk with you about the pain relief which your baby will need after the operation.

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 does the operation involve?

There are many ways to treat meconium ileus by surgery; your surgeon will explain which treatment your baby is likely to need. Sometimes the surgeon will not know which procedure is needed until they start the surgery and look at your baby's intestine.

The operation is done under a general anaesthetic which means your baby will be asleep throughout the operation. You can go with your baby to the anaesthetic room and stay with them until they are asleep. The nurse will then take you back to the ward.

The surgeon will remove the blockage from your baby's intestine. Sometimes a small part of the bowel will also need to be removed. Occasionally, part of the bowel might need to be brought out onto the surface of the tummy to create a stoma.

If this needs to be done we will talk with you about what will happen. We also have leaflets available to give you further information; please ask a member of staff if you would like a copy.

What happens after the operation?

When your baby wakes up and is ready to return to the ward, a nurse will take you to the recovery room to help collect them.

The nurses will monitor your baby and give them medication for pain to help keep them comfortable. This pain relief will be through a drip into a vein until your baby can feed and take medicines by mouth. Your baby may have a number of tubes attached to them to monitor them. This can look quite frightening but your nurse will explain all of these to you and can help you to get your baby out for a cuddle.

It may be a while before your baby is able to take milk by mouth as it can take some time for their bowel to start working after the operation. To begin with, your baby will be fed through a tube into one of their veins (Total Parenteral Nutrition or TPN). This will gradually be replaced by breast or bottled milk given through a naso-gastric tube. This is a very thin tube passed through their nose or mouth into their stomach.

As your baby recovers, you will be able to feed him or her from your breast or a bottle. Until your baby is able to start feeding by mouth either from the breast or bottle, please continue to express your milk so that it can be stored ready to give to your baby. Your nurse or midwife will be happy to support you with expressing.

When can we go home?

The length of hospital stay varies for babies who have surgery for meconium ileus. These babies usually stay at least a few weeks and often longer. This can depend on how long it takes your baby to start feeding again and how quickly they start putting on weight.

When you do return home, regular visits from your health visitor or local community paediatric nurse will give you help and support.

What happens next?

Your baby's surgeon may ask for you to bring them to an outpatient appointment several weeks after the operation. You will get an appointment letter by post to tell you when this will be. We will also write to your baby's GP to tell them about the operation.

How to contact us

If you have any questions or concerns about your baby when you get home you can telephone:

Tom's ward

Tel: **01865 234 109** or **01865 234 111** (24 hours)

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**

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