

The Children's Hospital

Duodenal atresia

Information for parents and carers



What is duodenal atresia?

Your baby has been born with duodenal atresia, which means that their duodenum (the first part of the small bowel just beyond the stomach) has a blockage. This means your baby cannot feed and digest milk normally.

Duodenal atresia can sometimes be discovered during pregnancy, as it often shows up on antenatal ultrasound scanning. Some babies with this condition are born prematurely.

Many babies with duodenal atresia will seem well when they are born. However, when they start to feed they are usually then sick. Although some babies are a little bit sick during or after feeding it is not normal for babies to be sick all the way through their first feeds. Because of the duodenal atresia their sick will contain green bile from their stomach, which is not normal. This might look strange and can be worrying for parents.

An X-ray will have been taken to confirm if your baby is being sick due to duodenal atresia. If duodenal atresia was discovered during your pregnancy, this X-ray will be shortly after your baby is born.

Your baby will need to have an operation to correct the blockage in their duodenum. Your baby will then be able to feed, grow and develop normally.

What happens before the operation?

Before the operation, your baby will be examined by a doctor. The doctor will describe the operation in more detail and discuss any worries you may have.

An anaesthetist will 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.

Your baby will have a tube passed through their nose or mouth, down into their stomach. This is called a naso-gastric tube if it is passed through the nose, or an orogastric tube if it is passed through the mouth. It is used to drain off bile from their stomach and helps to stop your baby feeling and being sick.

Your baby will be given fluids directly into their blood through a very small plastic tube (called a drip) until the operation can be performed. This will make sure that they are getting enough water.

What are the risks of the operation?

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.

Any surgery carries a small risk of infection, bleeding and damage to nearby organs. Your surgeon will discuss these and other risks with you fully before you consent to the operation.

What does the operation involve?

The operation is carried out 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.

There are various ways in which the surgeons can remove the blockage. They will explain the procedure and the risks involved depending on which method is best for your baby.

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 collect them. In some instances, particularly if your baby is premature, they may need help with breathing and will need to use a ventilator machine. Your baby will also be given pain relief so that he or she can rest and sleep. To begin with, this will be given to them by a drip into a vein. Your baby will be connected to monitors to measure their heart rate, temperature and oxygen levels. As your baby recovers, the ventilation and monitoring will be reduced and they will be moved into a cot.

There may be a lot of tubes and wires to start with which can look frightening, however the nurses will explain these to you and can help you to have a cuddle with your baby.

How will I feed my baby?

As it may be some time before your baby can digest milk, they will receive nutrition through a tube into a vein. This is called Total Parenteral Nutrition (TPN). Your baby will continue to be fed in this way until their duodenum recovers from the operation. You will then be able to feed them normally, by either breastfeeding or bottle feeding.

Initially small volumes of milk (breast milk or formula) will be given through the nasogastric tube. This can be increased as your baby's duodenum starts to work normally. As the volume of milk increases, the TPN will be decreased until it can be stopped. Until he or she is able to feed fully, please continue to express your milk so that it can be stored ready to give to your baby.

Please ask for breastfeeding support from the nurses on the ward or from your midwife.

When can we go home?

When feeding is fully established and your baby is gaining weight, you will be able to return to your local hospital or go home. Regular visits from your health visitor or local community paediatric nurse will give you help and support.

If you have questions at any time while your baby is in hospital, please ask the surgical doctors or nurses.

When do I need to contact our GP?

Please contact your doctor if your baby:

- vomits when feeding
- has a swollen tummy
- vomits green bile
- is not gaining weight.

How to contact us

If you have any questions or concerns about your baby when you have left the hospital please call:

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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