INFORMATION LEAFLETS FOR PARENTS / GUARDIANS OF A CHILD

WITH PYLORIC STENOSIS

WHAT IS PYLORIC STENOSIS?
Pyloric stenosis is a condition that affects the babies in the first weeks of life usually appearing between 2-7 weeks of age and very rarely after 6 months. It is a narrowing (stenosis) of the passage called pylorus between the stomach and the intestines. The cause of this is presently not known.

WHAT ARE THE SIGNS OF PYLORIC STENOSIS?
Your baby will start to vomit small amounts of milk after feeds at first. This will get worse over a few days until your baby vomits after all feeds. The vomiting will be become more forceful until it is projectile (spurts at long distance out from the baby’s mouth). Your baby will become dehydrated and could lose weight as they are vomiting after every feed.

HOW IS IT DIAGNOSED
The Doctor will examine your baby. This involves:
- Feeling your baby’s stomach. This examination is easier whilst your child is feeding (called Test feed). During the examination the doctor is feeling for thickened muscle which feels like a small hard lump. Often babies will need to have an
- Ultrasound scan to get an image of thickened muscles.
- Blood tests will be needed to check your baby’s blood sugar and level of dehydration caused by frequent vomits.

HOW WILL PYLORIC STENOSIS BE TREATED?
Once diagnosis is confirmed
- Your baby will not be given food or fluid until after the pyloric stenosis is corrected.
- Your baby will be put on IV fluids to prevent dehydration. This will make sure your baby’s blood contains right balance of minerals & salts.
- A small tube will be put up your baby’s nose down to his/her stomach to empty out their stomach fluid. This tube will allow the nurse to empty your baby’s stomach often to prevent your baby from vomiting.

THE OPERATION
Your baby will need to see the doctor who puts them to sleep (anaesthetist) to check them before the operation called Pyloromyotomy. In this operation, the surgeon will divide the muscle at the bottom end of the stomach by making a cut in it. This widens the exit from the stomach to allow food to pass through. The surgery may be performed by open surgery or by the keyhole technique.
AFTER THE OPERATION

- Pain medicine will be given to reduce any soreness after the operation.
- Your baby will start feeds with a small amount first depending on the surgeon’s instructions and the IV fluids will be reduced as your baby has no vomiting.
- Your baby will be in a cot with 45° angle head end elevation, to reduce the vomiting. Some babies still vomit for a while after the surgery when they start feeding again.

SIDE EFFECTS

Any likely side effects will be explained to you when you are signing the consent.

DISCHARGE ADVICE

- Your baby’s wound must be kept clean and dry.
- Nappies should be changed often to reduce the wound being infected by the nappy.
- No baths for 2-5 days (depending on the surgeon’s preference). Can have sponge wash instead.
- Look at the wound for redness/swelling around wound site or having a high temperature. If you notice these signs contact your GP.
- Your baby may need some pain medicines at home for few days or as needed.
- A Public Health Nurse letter will be sent out with detail of your baby’s admission & the surgery, as it is important for your baby is weighed weekly for at least 6 weeks to check the weight gain.

FOLLOW UP

Surgical OPD appointment will made for approximately 6-8 weeks after discharge. This is to assess your baby is progressing without any complications and also to ensure weight gain and wound is healing satisfactorily.

Please inform your baby’s doctor/nurse if you have any concerns while in hospital or following discharge home.

If you have any concerns after discharge, please do not hesitate to contact the hospital.

CONTACT DETAILS:

Phone St. Peters Ward – 01 416 6468 / 6553

Remember: Ask your nurse if you are unsure about anything about your child’s care.

Additional instructions

Developed by Josephine Chacko CNM1 – St. Peters Ward
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