

Pyloric Stenosis

This leaflet gives information for parents/carers whose child is diagnosed as having pyloric stenosis.

What is pyloric stenosis?

Pyloric stenosis is a condition that affects babies in the first few months. It is more common in boys than girls, and occurs between 2-10 weeks of age. Pyloric stenosis is a narrowing ('stenosis') of the exit from the stomach. The narrowing is caused by a thickening of the muscle. Food is therefore prevented from leaving the stomach by the normal route and the baby vomits. The vomiting may be forceful (projectile). Your baby may want to feed again after vomiting and may not appear unwell at first. However, as your baby continues to vomit, they may become dehydrated, with less wet nappies than usual, and may also become lethargic. Baby may lose weight. Many times the vomiting may be due to different reason like reflux or overfeeding and this needs to be distinguished.

How is pyloric stenosis diagnosed?

- A detailed history will be taken
- The doctor will want to examine your baby which will include feeling your baby's stomach. This examination is sometimes easier whilst your baby is feeding (this examination is called a test feed). During the examination the doctor is feeling for a thickened muscle which feels like a small hard lump.
- Blood tests will also be needed to check your baby's salt balance. The vomiting tends to upset this balance.
- Your baby will need an ultrasound scan which is similar to the scan pregnant mothers have. If the ultrasound is done at another centre, we like to get the results confirmed by our paediatric radiologists or repeat it.
- On occasions, babies with pyloric stenosis are transferred from other hospital with confirmed diagnosis after they have been adequately prepared for surgery. We may repeat Ultrasound scans at NNUH.

How is pyloric stenosis treated?

Your baby will need to have an operation which will be performed by a paediatric surgeon.

Before the operation can take place your baby's dehydration needs to be resolved. Your baby will therefore have a 'drip' and be given fluids into a vein. These fluids will provide your baby with all the sugars and salts needed to keep your baby well. The amount of dehydration will be assessed clinically and also measured by regular blood tests being taken. To ensure the operation is safe for your baby, it will only take place once your baby's blood tests are all normal. In some cases this can take a few days.

Your baby may appear hungry during this time but feeding cannot be started till the obstruction is relieved.

The operation is not an emergency operation but needs to be undertaken urgently. Most of the time operation will take place in emergency theatres as soon as baby's condition permits and we have paediatric anaesthetist+ appropriate theatre available.

To prevent your baby from having continued vomiting (which would prevent the blood tests returning to normal) your baby's stomach must be kept empty. Your baby will therefore not be allowed to feed before the operation. A tube may also be passed through your baby's nose into his/her stomach (called a nasogastric or NG tube). This tube allows all the secretions produced in the stomach to be removed.

The operation

The operation needed to correct pyloric stenosis is called a 'pyloromyotomy'. During the operation the surgeon will 'split' 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 pylorus (muscle) can be accessed either by a small incision (cut) being made near the baby's umbilicus (belly button) or by laparoscopic ('keyhole') techniques. Your surgeon will talk to you about which approach will be best for your baby.

The wound will be closed with dissolvable sutures under the skin, so after the operation only a small scratch is seen. There may also be paper strips called 'steri strips' applied.

Risks and complications

Overall surgery is quite safe and risk of complications is low. Possible risks and complications for pyloric stenosis include:

- Risks of General anaesthetic
- Infection in the surgical wound
- Bleeding
- Stomach irritation – repeated vomiting can cause irritation on your baby's stomach and may cause mild bleeding (medication will be given intravenously until your baby is back on their feeds post surgery to help prevent this).
- Vomiting post surgery is of a small amount, this can take a few days/weeks to settle completely.
- Rarely perforation or recurrence of the symptoms may occur, needing reoperation.
- Damage to surrounding structures
- Possibility of poor wound healing leading to dehiscence or hernia

What to expect after surgery

Your baby will not be able to feed straight away after their surgery therefore the intravenous fluids will continue until your baby is feeding enough to keep them hydrated. Feeds may be introduced as early as immediately after the operation or the next morning. Your baby may tolerate smaller volumes of feed initially, but may be quickly built up to full volumes of feed. This will depend on how well your baby tolerates each feed.

Due to the stomach losing some of its tone your baby may vomit a little when on bigger volumes, this will improve over the next few days.

It is advisable not to increase your baby's feeds too much over the next week or so. The stomach muscle can take a little time to regain its tone.

Your baby will be given pain killing medication to reduce any soreness after the operation. Before you are discharged you will be advised about what pain killing medication you can give at home.

If there is a dressing on your baby's wound this will usually be removed before you go home, the steri strips will remain in place for approximately 5 days.

It is important to keep the wound clean and dry for 2 days (or as advised by the surgical team). Your baby may have a bath (no bubble bath/soap) after this time, (if the steri strips have not already fallen off they can be removed in the bath).

It is important to observe the wound, if there is any sign of infection in the form of redness, swelling, discharge of pus; contact your GP or the Children's Assessment Unit as your child may need antibiotics.

You are advised to contact your GP if the swelling and redness are causing concern after the first week

A clinic appointment may be made on your consultant's advice (usually 6 after the operation) to check that your baby has progressed without complications and the wound has healed satisfactorily.

Alternatively a consultant may wish to leave it to you to arrange through your GP, in case of any concerns.

Useful contacts for further information

If you have any queries prior to the procedure outlined and its implications to your child, please contact **Buxton ward on 01603 286321**

If you should need any help or advice following your child's surgery you are advised to ring **The Children's Assessment Unit on 01603 289775** for the first 24 hours following surgery, and after this time please contact your own GP for advice.

NHS Direct
TEL: 0845 46 47
www.nhsdirect.nhs.uk

British Association of Paediatric Surgeons
35-43 Lincolns Fields
London
WC2A 3PE
TEL: 0207 9730308

www.baps.org.uk