

## Child health information factsheet

# Pyloric stenosis

The pylorus is a muscular valve that allows food to pass from the stomach into the intestine. Pyloric stenosis is a thickening of this muscle, which stops milk from leaving the stomach. This is often seen in infants of three to six weeks of age.

### Symptoms

At the beginning your baby may be sick after feeds but not seem unwell.

As the condition gets worse your baby will be sick after each feed and the vomiting can become very forceful. Your baby may also become lethargic, constipated and have less wet nappies.

### In hospital

The doctor admitting your baby will take a full medical history and examine him or her and will feel your baby's abdomen (tummy area). In many babies the thickened pylorus muscle can be felt during this examination. Sometimes this is easier if the baby is feeding (this is known as a test feed). The test feed may have to be done more than once to confirm the diagnosis.

Some babies with pyloric stenosis need an ultrasound scan to confirm the diagnosis. This is not painful or complicated. The ultrasound is very similar to that done on a pregnant mother.

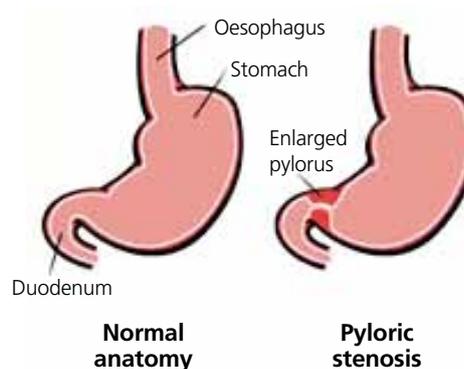
If your baby has been unwell and vomiting for a few days then he or she will probably be dehydrated. Fluid will be given through a cannula (a small tube into a vein attached to a drip), to correct this.

Dehydration usually leads to an alteration in the chemical balance of your baby's blood.

Before your baby can be operated on they will need to have regular blood tests until this balance is corrected.

The correction of the blood chemistry normally happens within 24 to 48 hours after receiving the fluid given via the drip.

All feeds will be stopped until after the operation as the baby's stomach needs to be empty. We will place a small tube into your baby's nose and slide it down into the stomach. The tube will be taped to your baby's cheek to stop it falling out and a small bag will be attached to the end.



## The operation

The operation that your baby needs is called a pyloromyotomy. The thickened muscle needs to be divided to allow milk to pass through.

There are two ways of doing this:

- Keyhole surgery
- Open surgery

The consultant will discuss these options with you.

The wound will be closed with dissolving stitches under the skin or with medical glue.

## Risks

As with all anaesthetics and surgery there are possible risks.

The surgeon and the anaesthetist will discuss these with you before the operation.

## After the operation

You will be able to go with the nurse to theatre to collect your baby after the operation. Your baby will still have the drip with fluid going through it. The small tube in your baby's nose will have been taken out.

Your baby may not be able to start feeding straight away as the stomach needs time to recover. Some babies who have had this operation still vomit some of their feeds for the first 24 to 48 hours.

## Going home

You should be able to take your baby home two to three days after the operation.

You may be given an outpatient appointment to bring your baby back to the hospital for a check up.

If you have any questions about your baby's care while you are in hospital or any concerns about taking your baby home please do not hesitate to ask the doctors or the nurses looking after you.

## If you have any questions or concerns please contact

Ward G4 surgery: **023 8079 6718**

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