

Pyloric Stenosis

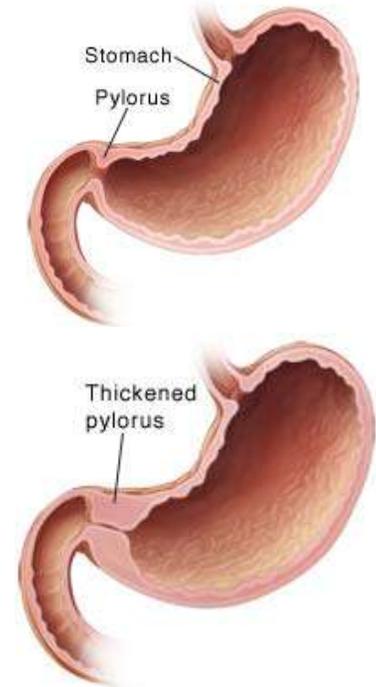
What is pyloric stenosis?

Pylorus is the name of the muscle between the stomach and the small intestine. **Stenosis** means that an opening is narrower than it should be.

Pyloric stenosis means that the muscle between the stomach and the intestine is too thick. The thick muscle stops food from passing into the intestine as it should. This makes your baby throw up (vomit). At first, your baby may only throw up once in awhile. As time goes by, your baby will throw up more often and in larger amounts. With time, all feedings may be thrown up. The vomit may be forceful enough to shoot across the room. This is called projectile vomiting. If your baby throws up a lot, it can cause:

- Dehydration.
- Unbalanced electrolytes. Electrolytes are the salt levels in the blood stream.
- Poor nutrition and weight loss.

With treatment, pyloric stenosis does not cause any long-term problems. Your baby will be able to eat and digest food normally.



What tests may be done?

- **Physical exam.** The doctor will do an exam and try to feel for a lump in your baby's stomach. This lump is the thickened pyloric muscle. It feels like an olive. You may hear the doctors talk about the olive.
- **UGI.** This is a special kind of x-ray. UGI means upper gastro-intestinal. This x-ray helps the doctor see if your baby has pyloric stenosis. Ask for the UGI handout. It will help you understand more about this test.
- **Ultrasound.** This ultrasound is like the ones used during pregnancy. A special wand and lubrication on the outside of your baby's stomach is used. It will show if there is a thickening around the pyloric muscle. It will not hurt your baby.
- **Blood test.** This will check to see if your baby is dehydrated.
- **Dehydration test.** Your baby's urine will be checked for concentration. A cotton ball may be put in your baby's diaper to get urine for this test.

How is it treated?

Surgery called pyloromyotomy is needed. The thickened muscle is cut, but not taken out. This will let food pass freely into the intestine. Your baby will have one or more incisions depending on how the surgery was done. The doctor will tell you what to expect.

How will my baby be prepared for surgery?

- If your baby had a UGI, the barium swallowed during the x-ray will be removed. A small tube is put in your baby's nose or mouth. The tube, called an NG tube, is passed into the stomach. A salt-water solution will pass through the tube and into the stomach. The solution mixes with the barium to thin it. This will help it come out easier. After the barium and salt water is removed, the tube is taken out. In some cases the tube is left in for surgery.
- If your baby is dehydrated or has unbalanced electrolytes, an IV will be used to give your baby fluids.
- Your baby can go to surgery after the dehydration and electrolytes are normal, and the barium has been removed.
- Your baby may be put on monitors that measure heart rate and breathing. The monitors will be used for 24 hours after surgery.
- If your baby still has an umbilical cord stump it will be cleaned with a special solution.
- The surgery takes about one hour.

What happens after surgery?

- The doctor will cover the incision with Steri-Strips® or a glue that holds the incision together. If Steri-Strips® are used, there might be a small gauze or clear bandage over them. This cover will be removed the day after the surgery.
- After surgery your baby will go to the recovery room. The nurses and doctors will closely watch your baby. After waking up, your baby will go back to their room.
- The IV will stay in until your baby is feeding well. Feedings are normally started within 3 hours after surgery. The first feedings will most likely be small amounts of clear liquids. Small amounts of formula or breast milk can then be added. The amount of formula or breast milk will be slowly increased until your baby is back to normal feedings.
- Your baby may spit-up or vomit a little bit after surgery. This is normal. Most often this stops within a few days. Your baby should eat slowly and burp often to prevent vomiting.
- Most babies go home about 24 hours after the surgery.

What will I need to do at home?

- The incision should be kept dry. Your baby should only have sponge baths for the first 3 days. Keep soap, powder and ointments **away** from the incision. You can remove the Steri-Strips® ten days after the surgery.
- Check the incision every day. Look for signs of infection. Signs include redness, swelling, drainage or fever.

ALERT: Call your child's doctor, nurse, or clinic if you have any questions or concerns or if your child:

- Has signs of infection such as redness, warmth, drainage at the incision, or a fever over 101.5°F (38.5°C).
- Is vomiting more than three times a day.
- Has signs of dehydration.
- Has special health care needs that were not covered by this information.

This teaching sheet is meant to help you care for your child. It does not take the place of medical care. Talk with your healthcare provider for diagnosis, treatment, and follow-up.