

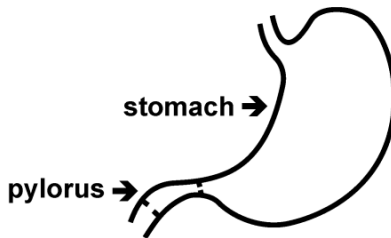


A Baby with Pyloric Stenosis

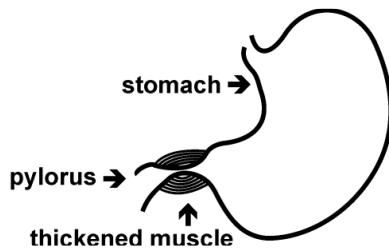
What is Pyloric Stenosis?

- Pyloric stenosis is a condition that is diagnosed in babies at an early age, often in the first weeks or months of life.
- Pyloric stenosis means there is a narrowing (stenosis) of the last section of the stomach (pylorus) just before the small intestine.
- The narrowing is caused by a thickened muscle at the pylorus, blocking the milk or formula from emptying into the stomach.
- We do not know what causes pyloric stenosis, but it is more common in boys and in babies who have a family member who also had pyloric stenosis.

A Normal Stomach



A Stomach with Pyloric Stenosis



What are the symptoms?

Most babies with pyloric stenosis begin to show symptoms in the first eight weeks of life. Your baby may have one or more of these symptoms:

- Forceful or projectile vomiting during or after feeds.

- Vomit that may look like curdled milk/formula.
- Hungry and eager to feed even though they vomited.
- Stops gaining weight or starts losing weight.

As the vomiting continues, your baby may become dehydrated and show the following signs:

- Sleepy and not as active or alert.
- Does not have a wet diaper for several hours or have less than 6 wet diapers per day.
- Passing less stools (poop) or constipation.
- Sunken eyes and/or a sunken soft spot on the top front of their head.
- Dry skin, mouth, and/or tongue.
- No tears when they cry.

What tests are done?

- Your healthcare professional will complete a full medical history and physical examination. Sometimes an olive-shaped lump may be felt in the abdomen.
- Most often an abdominal (belly) ultrasound is used to look for pyloric stenosis.
- Ultrasound is a type of imaging that uses a probe (smooth wand) that releases sound waves.
- When the probe is placed over your baby's abdomen, a picture of what is inside will show up on a screen.
- The ultrasound will show your doctors what the pylorus looks like. It is painless, quick and requires no radiation.



- More information can be found in the pamphlet “Having an Ultrasound: Information for Families and Caregivers”.

How is this treated?

- Your baby will need surgery to repair the pyloric stenosis. This takes place in an operating room.
- Your baby will be given a general anaesthetic which makes them fall asleep and not feel any pain.
- There are two ways that pyloric stenosis can be repaired: **open** or **laparoscopic**. The surgeon will discuss which procedure will be used for your baby.
- With the open procedure, the surgeon makes a small (about 2-3 cm) incision (cut) in the upper abdomen.
- With the laparoscopic procedure, three very small (about 0.5 cm) incisions (cuts) are made. A small camera and thin tools are used through these incisions.
- With either procedure, the thickened pylorus muscle is cut. This allows the stomach to empty and milk/formula to pass through into the small intestine.
- Both procedures take about one hour. Risks of the surgery will be discussed with you by your surgical team.

Before



After



Before the operation

- Your baby will not be allowed to eat or drink before surgery. An intravenous (IV) line will be inserted in a vein to give fluids.
- Blood tests will be done to look for dehydration and electrolyte abnormalities from vomiting.
- A nasogastric tube (NG) is a thin plastic tube that may be inserted through the nose into the stomach. This tube will keep the stomach empty and may reduce vomiting.

After the operation

- Right after surgery your baby will go to the Pediatric Post-Anesthesia Care Unit (PACU) for a short stay to allow them to wake up and have their vital signs monitored.
- Your surgeon will tell you how the procedure went.
- Very young babies or babies with other health concerns need to be monitored overnight after the surgery. This includes heart rate, breathing, and oxygen levels. In this case you can visit, but cannot sleep at the bedside, so the medical team has room to care for your baby.
- Your baby will receive pain medication as needed with most babies doing very well with just acetaminophen (Tylenol®).
- Usually six hours after surgery you may begin feeding your baby. Your surgical team will tell you if your baby may feed as they want or if they should start with small feeds and go up slowly as tolerated.
- Some vomiting is normal after surgery. If vomiting continues, smaller feeds may be helpful until your baby can tolerate more.



- Burping and keeping your baby upright after feeds may help reduce vomiting.
- It may take several hours before your baby is feeding their usual amount. Your baby must take two feeds of their usual amount without vomiting before they can be safely discharged from the hospital.

How do I care for my baby after going home?

- Feed your baby as you normally would.
- If there are bandages, your surgical team will tell you when to remove them.
- Give your baby sponge baths (no tub baths) for one week after surgery.
- Watch for signs of infection:
 - pus, redness, swelling, or worsening pain at the surgical sites.
 - vomiting.
 - fever.

Who do I call if I have questions or concerns?



Your nurse will give you the phone number of the Surgeon's office before you go home. You may call the office Monday-Friday 08:00 am-4:00 pm.

Call the surgeon/office if:

- You see signs of infection.
- Your baby is vomiting and looks dry (dehydrated). See the section "What are the symptoms?"
- You have any concerns or questions.
- Your baby's Surgeon @ _____

After hours, nights and weekends:

- Health Links – Info Santé at 788-8200 (toll free 1-888-315-9257) or go to the Children's Hospital Emergency Department or your nearest rural health care center.

Follow-up

Your Surgeon will discuss the follow-up plan with you. It may include seeing the Surgeon in the clinic in the Children's Hospital or a virtual appointment such as a phone call or computer visit. Your infant may also be seen by your family doctor or rural health care centre. Speak with your Surgeon about what may work best for you.

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http://www.nlm.nih.gov/medlineplus/ency/presentations/100095_5.htm

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