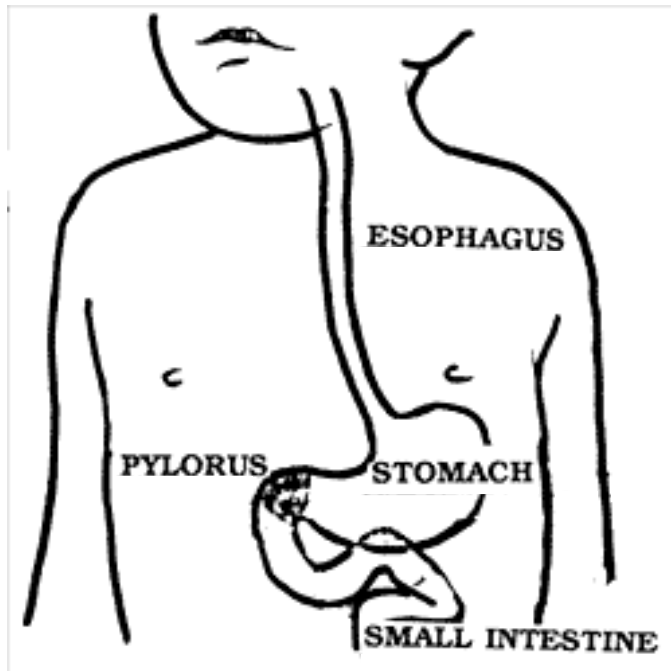


Pyloric Stenosis

What is pyloric stenosis?

A ring of muscles that thicken and block the passageway between the stomach and the small intestine is called pyloric stenosis.

The ring of muscles is called the pylorus. This ring of muscles is at the lower end of the stomach. It acts as a valve. It opens and closes the opening from the stomach into the small intestine. The muscles keep the opening closed most of the time. This action holds the food in the stomach. From time to time, the muscles relax and the valve opens. The partly digested food moves out of the stomach through the open passageway, into the intestine.



What causes a blockage?

The muscles of the pylorus thicken. We do not know why. The thicker the muscle ring, the narrower the opening. One child in 500 has pyloric stenosis. It occurs more often in boys.

What happens when a baby has pyloric stenosis?

The baby begins to throw up or vomit their feeds. This starts between 2 to 6 weeks after birth. They may at first just "spit up". This soon becomes a forceful vomit. The stomach contents are thrown out of the stomach with great force when the stomach fills. This dramatic vomit usually happens after every feed. Besides milk curds, there is sometimes a little blood. This is also called projectile vomiting.

How can we be sure the baby has pyloric stenosis? Are there any tests?

There are 3 main ways a doctor can tell if the baby has pyloric stenosis:

1. **By the doctor feeling** the baby's tummy with his or her hand to feel for the pylorus. A thick pylorus feels like a large olive, but it can be very difficult to feel.
2. By using an **ultrasound test**. This is making a picture without using an x-ray. The ultrasound test measures the width and thickness of the pylorus muscle. Ask your nurse for a copy of a pamphlet called "Understanding Ultrasound Examinations" for more information about ultrasound.
3. **By blood tests**. The body loses fluids, salts, and minerals with vomiting. The blood tests help to make sure that the baby's body is not short of some important salts. It also tells us if the baby needs fluids, The body needs a good balance of salts and fluids to keep healthy.

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What can we do?

Surgery fixes pyloric stenosis. A doctor who is specially trained to prevent babies from feeling pain during surgery is with the baby. He or she is called an anesthesiologist. The medicine the baby gets to not feel pain is called an anesthetic. Another doctor called a surgeon makes a small cut across the baby's tummy. The surgeon makes a second cut into, but not through, the thick pylorus muscle. This is like snipping a thick elastic band that is too tight. The pylorus muscle "gives" and the opening widens. There are stitches inside the baby's tummy. These dissolve over time. The surgeon closes the wound on the skin with special tape. If you would like to know more about where your child goes and what to expect when your child has surgery watch the virtual tour at www.bcchildrens.ca>virtual tour

Before surgery:

- The baby may have lost a lot of salts and water with vomiting. The surgeon first corrects the fluid and salt balance. The baby has a small tube put into her or his hand. This tube is called an intravenous or IV. The baby is given the salts and fluids she or he needs through this tube over the next 12 to 24 hours. This is important because before an anesthetic, the baby cannot eat or drink.
- The stomach must be completely empty before the surgery. A tube may be put into the baby's nose and then threaded into the stomach to empty the stomach. This tube is called a nasogastric or NG tube.

After surgery:

Your baby goes from the operating room to a unit where she or he wakes up from the surgery. This unit is called the PACU or Post Anesthetic Care Unit. Your baby will be there for a few hours. Specially trained nurses care for your baby. You can find more information about this unit by watching the virtual tour.

Your baby may still have the NG tube and will have the IV line when she or he goes back to the ward.

Your baby is given pain medication so he or she is comfortable. Your baby is also checked often and carefully. Healing is fast and your baby is soon well again.

Your baby can start drinking soon after surgery and slowly return to a normal feeding pattern.

In some cases babies keep vomiting for 1 to 5 days after the surgery. If you are worried, check with your doctor.

At home:

Your baby will not need any special care after you get home. Diaper, bathe, feed, cuddle, your baby as usual. If the baby seems uncomfortable, give him or her acetaminophen such as Tylenol. Your baby should only need the acetaminophen for 1 to 2 days. You can find the instructions for how much to give on the label or use the guidelines given in the hospital. If the tapes on the skin wound do not fall off, remove them after 10 days.

See your doctor right away if:

- the wound gets red, swollen, or starts to ooze
- the wound opens· your child has a fever
- vomiting does not stop after a week or your baby appears dehydrated.

More information;

HealthLinkBC

<http://www.healthlinkbc.ca/kb/content/mini/hw180918.html>

Its good to ask!

At Children's & Women's Health Centre of British Columbia we believe parents are partners on the health care team. We want you to be as informed as possible. This brochure will answer some of your questions. Please ask about things you do not understand and share your concerns. If you have any questions, please call: **604-875-2345, local 7720**

Developed by the professionals of the Surgical Clinic with help from the Department of Learning & Development

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