NATIONWIDE CHILDREN'S HOSPITAL™

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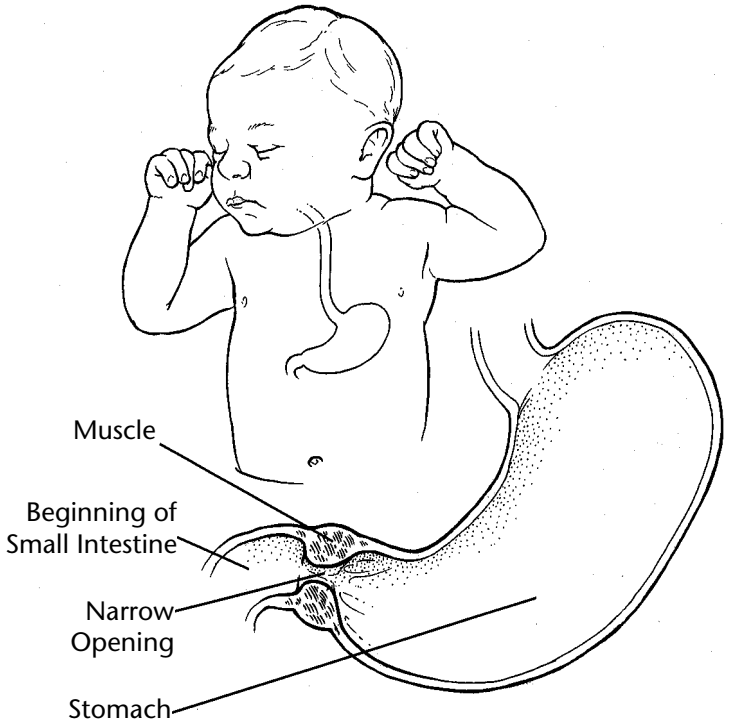
PYLORIC STENOSIS

Pyloric stenosis (pie-LORE-ick sten-OH-sis) is caused by the thickening of the muscle between the stomach and the small intestine (Picture 1). It is common in infants. The muscle tightens around the opening from the stomach to the small intestine and makes the opening very narrow. This makes it hard for food to pass out of the stomach into the small intestine, and vomiting occurs. Pyloric stenosis can be corrected with surgery. During surgery the muscle is loosened so that food can pass easily out of the stomach and into the small intestine.

BEFORE SURGERY

- An IV will be started. Your baby will receive the needed fluids through the IV. (Refer to the Helping Hand: *IV Therapy*, HH-II-17.) Lab tests may be done to make sure you baby is not *dehydrated* (dried out).
- Your baby will have a nasogastric (NG) tube put in, usually about one hour before surgery. This tube is placed into his nose and goes down into the stomach. The NG tube is connected to a suction machine that helps keep the stomach empty.
- If your baby had a test with barium (a UGI test), the NG tube may need to be placed earlier. This allows the barium to be washed out of the stomach before surgery.
- Your baby will not be allowed to have a bottle or be breast-fed before surgery. You may give your baby a pacifier.
- If you are breast-feeding, you can pump your milk. The lactation specialist will explain how to use the pump, and how the milk is stored until it is needed. Your baby will be allowed to breast feed for a short time after taking two feedings of Pedialyte.



Picture 1 Pyloric stenosis can be corrected with surgery.

AFTER SURGERY

- Your baby will be on a strict feeding schedule while still in the hospital. Fluids will be given through an IV until your baby is getting enough nutrition through the IV.
- Your nurse or doctor will tell you when you may begin to breast-feed your baby. (See *Feeding Your Baby* on page 2.)
- Your baby may vomit the first few feedings after surgery. Be sure to tell your nurse if this happens. The feeding schedule may change if your baby vomits.

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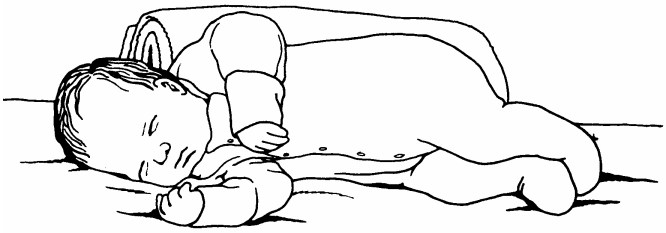
FEEDING YOUR BABY

- Don't rock or swing your baby for 7 days after surgery. Rocking or swinging could make your baby vomit.
- Gently burp your baby after each ounce of formula or several times during breast-feeding.
- After feeding your baby, place him on his right side with a blanket roll behind his back.
- Your doctor or nurse will give you a schedule for feeding your baby at home. It is very important to follow this schedule for the first 10 days after surgery.



Picture 2 Put your baby on his side with a rolled up blanket behind his back after feeding.

CARE AT HOME

- A small dressing covered by clear tape is often used. This may be removed later at your follow-up visit or allowed to peel off on its own.
- Keep the incision or the dressing clean and dry for 7 days after surgery. Give your baby a sponge bath instead of a tub bath.
- The stitches are under the skin and can't be seen. They will dissolve in several weeks and don't need to be removed.

WHEN TO CALL YOUR DOCTOR

Call your child's doctor if you notice:

- Signs of infection around the incision – drainage or pus, odor, redness, or swelling.
- Underarm temperature over 101ºF
- Baby becomes very irritable.
- Baby seems to have increasing pain.
- Swelling of the abdomen
- Baby continues to vomit.

FOLLOW-UP APPOINTMENT

Your child's follow-up appointment is scheduled with:

Dr. _____ (phone) _____

on (date) _____at (time) _____

If you cannot keep this appointment, please call and reschedule. If you have any questions,

please call _____.