



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.™

Helping Hand™

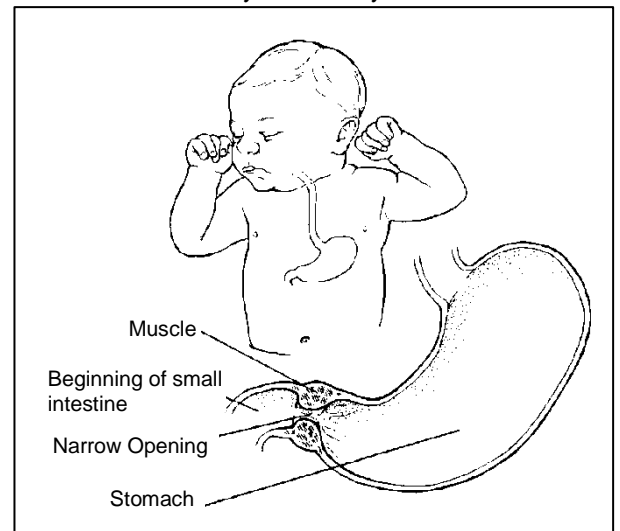
Health Education for Patients and Families

Pyloric Stenosis

Pyloric stenosis (pie LORE ick sten OH sis) is common in infants. It affects babies from birth to a few months of age. It is caused by the thickening of the muscle between the stomach and the small intestine (Picture 1). 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 causing forceful throwing up (vomiting). The condition can lead to dehydration.

Treatment of pyloric stenosis will depend on your baby's symptoms and general health. Babies with pyloric stenosis must have surgery to fix the condition, but your baby's dehydration may need to be treated first.

Dehydration can be fixed by giving fluids intravenously (IV). Once your baby is no longer dehydrated, he or she will have surgery. During surgery, the muscle is divided, which lets the opening return to its normal size so food can move out of the stomach and into the small intestine. The surgery can be done by the open technique or the laparoscopic technique. Recovery from surgery and overall outcomes are the same for both methods. Your baby's surgeon will discuss the method he or she feels is safest for your child.



Picture 1 Pyloric stenosis can be corrected with surgery.

Before surgery

- An IV line will be started. Your baby will get the needed fluids through the IV. Lab tests may be done to make sure your baby is not dehydrated.
- Your baby will have a nasogastric (NG) tube put in, usually about one hour before surgery. This tube is placed into the 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 (an upper GI test), the NG tube may need to be placed earlier. This lets the barium be washed out of the stomach before surgery.
- Your baby will not be allowed to have a bottle or be breastfed before surgery. You may give your baby a pacifier.
- If you are breast-feeding, you can pump your milk. We will help you store the milk until your baby is ready to start feeding after surgery.

After surgery

- Your baby's stomach needs rest for about 3 hours after surgery.
- Your baby will be on a strict feeding schedule. After surgery your baby will start with 30 ml of Pedialyte®. If your baby tolerates this, he or she will then advance to formula or breastmilk. The amount of formula given will be based on your baby's weight. This amount will be given every 3 hours until discharge.
- Fluids will be given through an IV until your baby is getting enough nutrition by mouth.
- Your baby may vomit the first few feedings after surgery. Be sure to tell the nurse if this happens. The feeding schedule may change if your baby vomits. Do not be worried if your baby vomits during this early recovery period. The stomach needs a little time to return to normal.

How to feed your baby

- Gently burp your baby after each ounce of formula or several times during breastfeeding.
- After feeding your baby, hold him or her upright for 15 minutes to help prevent vomiting. Then, put your baby on his or her back

Care at home

- A small dressing covered by clear tape is often used on the incision. You will be told when to remove the dressing or to allow it to fall off on its own. If skin glue has been used, it will fall off by itself.
- Keep the incision or the dressing clean and dry for 2 days after surgery. You can give your baby a sponge bath instead of a tub bath
- The stitches are under the skin and cannot be seen. They will dissolve in several weeks. They do not need to be removed.

When to call the doctor

Call your child's doctor if your baby has:

- Swelling of the abdomen
- Constant crying or increased pain
- Underarm temperature of more than 101 degrees F
- Decreased urine or stool
- Signs of infections around the incision site, like drainage, pus, odor, or swelling
- Increased sleepiness
- Constant vomiting
- Problems wanting to eat

Follow-up

A follow-up appointment should be made with your baby's primary care physician in 1 to 2 weeks to make sure your baby is gaining weight. You should get a phone call from a surgery clinic nurse 2 to 3 weeks after surgery to check on your baby's recovery. If you want your baby seen by the surgeon or if you have any concerns or questions about recovery, please call 614-722-3909.