



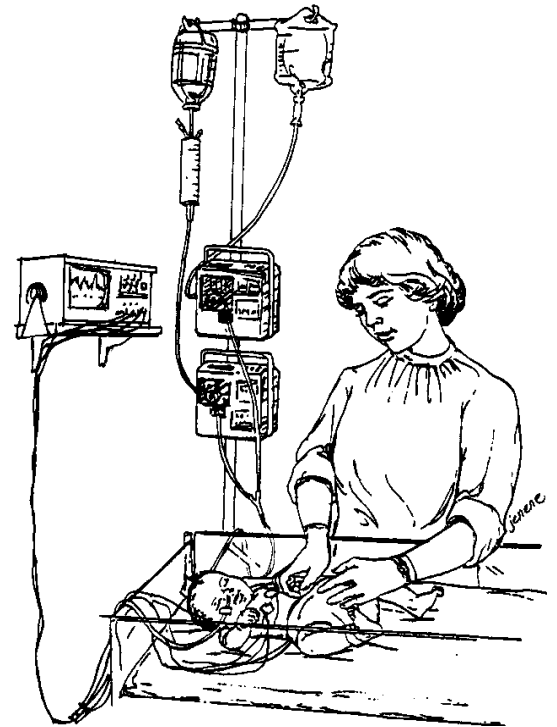
## **Necrotizing Enterocolitis (NEC)**

Necrotizing enterocolitis (NEC) (NEH krow tie zing enter oh koe LIE tis) is a disease of the bowel (intestine) of newborn infants. The exact cause of NEC is not known. Usually, an infant with NEC is premature and has a low birth weight. When a baby has NEC, the lining of the bowel cannot function. The lining of the bowel is necessary for the baby to absorb food normally.

### **Symptoms (Signs) of NEC**

Your baby may have some of these symptoms:

- A swollen, red or blue, hard abdomen (belly) that is painful to the touch
- No appetite
- Vomiting or diarrhea (cannot keep down milk or formula)
- Blood in the stool
- Trouble breathing (works hard at breathing or has periods of not breathing)
- Slow heart rate **(or fast if in shock)**
- Low blood pressure
- Irritability - fussier than normal
- Lethargy - limp and sleepy
- Pale or blotchy, uneven skin color
- Body temperature too high **or** too low



**Picture 1** You may visit your baby in the NICU.

The healthcare provider will check for undigested milk or formula left in the stomach before the next scheduled feeding

## How NEC Is Diagnosed

These tests may be done to help diagnose NEC:

- X-ray the belly
- Check blood, urine, and sometimes spinal fluid samples for infection

## How NEC Is Treated

Infants with NEC need to be watched very closely, so they are treated in the Neonatal Intensive Care Unit (NICU). Your infant is given antibiotics (medicine) to fight any possible infection. While the bowel is healing, your infant will not be given anything (including breast milk or formula) by mouth that would enter the stomach or intestines. Instead, your baby will receive special IV fluids that will provide needed nutrients. The IV fluid is called total parenteral (puh REN ter al) nutrition (TPN) and intralipids (healthy fats).

**Your baby should not be fed by mouth until the doctor says it is ok. This is very important.**

A small tube, called a nasogastric (nay-zo-GAS-trick) (NG) tube or an oral-gastric (OG) tube, is passed from your baby's nose or mouth into the stomach. The tube drains any fluid or air from the stomach and lets the bowel rest. Your baby usually will take antibiotics and will not be fed by mouth for about 7 to 10 days.

Surgery may be needed to take out the damaged part of the bowel. A small opening (ostomy) is made in your infant's belly and part of the intestine is pulled through to the outside. This lets the bowel rest and heal. Your infant will pass stools (bowel movements) through the ostomy opening into a special pouch or bag.

Feedings of breastmilk or formula are started slowly when the doctors decide your baby is ready to eat. This may be a slow process depending on how much bowel was removed and how quickly the rest of the bowel heals. Your baby will stay on TPN and intralipid IV fluids until he or she can get enough nutrients from milk or formula.

Your infant may be able to go home with the ostomy. Later, when he is bigger and the surgeon decides the bowel is healed, the healthy bowel is reconnected and the ostomy is closed. This is usually done several weeks to several months after the first surgery. Most children's bowels work normally after the ostomy is closed.

## Follow-Up

At times during the hospital stay, the doctor may order an upper GI test or a barium enema test to be sure the bowel is working right.

If you have any questions, be sure to ask your doctor or nurse, or call \_\_\_\_\_.