

Information for Parents/ Carers

# Pyloric stenosis



## What is pyloric stenosis?

Your child has been diagnosed with pyloric stenosis, which affects approximately 2-4 in 1000 babies. The exit of the stomach to the small intestines is called pylorus. Stenosis means narrowing. Pyloric stenosis is when the exit of the stomach is narrowed.



© MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH. ALL RIGHTS RESERVED.

## What causes pyloric stenosis?

The pylorus is made up of muscle, which becomes thicker than usual, closing up the inside passage and stops milk from passing into the bowel to be digested. We do not know exactly why pyloric stenosis develops, but it tends to affect more boys than girls, and it can sometimes run in families too. Pyloric stenosis usually develops around 6 weeks after birth.

## What are the symptoms of pyloric stenosis?

Being sick (vomiting) after feeds is the main symptom. In most cases, the baby will begin bringing up small amounts of milk after feeding. The vomiting tends to become worse over several days. Sometimes, the vomiting is forceful and milk may be vomited quite a distance like a fountain. This is called projectile vomiting. The baby remains hungry and usually feeds well- only to vomit the milk back soon after feeding.

As the milk is lying in the acid in the stomach, it can curdle and become yellow in colour. Pyloric stenosis also reduces the amount of faeces (poo) passed, as little or no food is reaching the bowel.

If the condition is not treated, the baby will not gain weight and become dehydrated. Signs of dehydration include lethargy, less wet nappies and the soft spot (fontanelle) at the top of the baby's head may be sunken.

## How is pyloric stenosis diagnosed?

Pyloric stenosis is usually diagnosed by the "Test feed", blood tests and ultrasound scan. "Test feed": A doctor may examine the baby's tummy whilst they are feeding or drinking water. A typical bulge next to the stomach can often be felt as the muscles in the stomach and pylorus contract. Blood tests will be taken to check whether your baby is dehydrated.

Sometimes, the doctors may want to confirm the diagnosis using an ultrasound scan. This painless test is very reliable at detecting the thickened pylorus.

## How is pyloric stenosis treated?

Pyloric stenosis is usually treated with an operation under general anaesthetic: your baby will be put asleep by an Anaesthetist, who will place him/her on a ventilator (breathing machine) to allow the surgeon to operate. The operation is called a pyloromyotomy. The operation can be done by open surgery or using keyhole (laparoscopic) surgery. Your surgeon will discuss the choice of operation with you and will inform you which option they think will be the best for your child.

Pyloromyotomy is the only treatment for pyloric stenosis.

## What happens before the surgery?

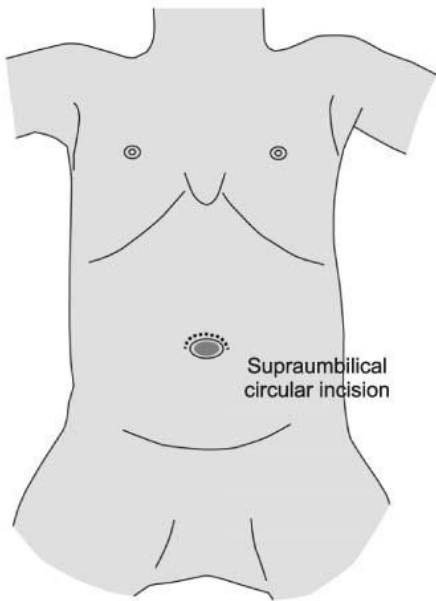
If your child is dehydrated, he or she will need an intravenous drip for a while before the operation. This will ensure your child's blood contains the right balance of salts and minerals, and correct the dehydration. Your child will have regular blood tests while on the drip. Your child will have the operation once the blood tests are normal.

Your baby will also need a nasogastric tube passed up the nose which goes into their tummy. This allows any fluid that collects in the stomach to be removed easily, helping to prevent them from feeling sick before and after surgery.

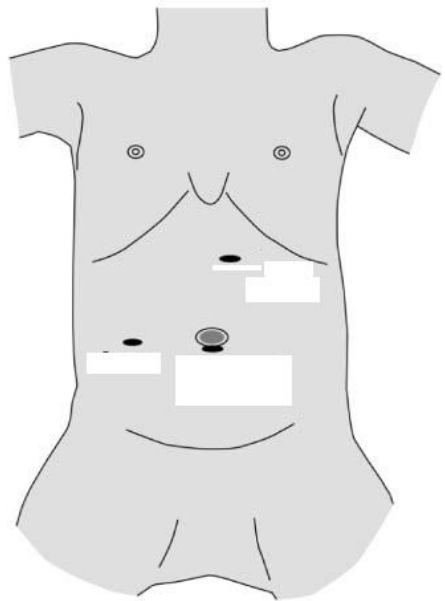
The doctors will explain the operation in more detail and talk to you about any concerns you may have. They will also ask for your permission for the operation by asking you to sign a consent form. An anaesthetist will also talk to you about the anaesthetic. If your baby has any medical problems or allergies, please tell the doctor.

## What does the operation involve?

If the operation is carried out using keyhole surgery, your child will have three small cuts in the abdomen, which will be closed with dissolvable stitches and skin glue. If your child has had open surgery, there will be a larger incision by the tummy button, closed with dissolvable stitches. Regardless the approach, the surgeon will cut through some of the thickened muscle of the pylorus to widen the passage so that milk can pass into the bowel to be digested.



Open Surgery



Key Hole Surgery

## What are the complications of the operation?

This is a safe operation and the risk of complications is small. All the doctors involved in this operation have had lots of experience, which will minimise the risk of complications. However, like any other surgical procedure, there are risks for you to be aware of, and they include a risk of:

- Bleeding (rare) and wound infection (usually managed by antibiotics);
- Sometimes the cut made in the thickened muscle may be insufficient to relieve the narrowing, resulting in an incomplete pyloromyotomy. If this happens, your baby will continue to vomit and they may need repeat surgery.
- Perforation. This is when the lining of the bowel is damaged during the operation. It is a rare complication, usually noted and repaired at the time of surgery. Occasionally this complication becomes evident when the baby is back to the ward. In this case your baby will need to return to theatre to have the lining repaired by a second operation.
- The anaesthetic risk is very small.

,These risks will be explained to you in more detail before surgery.

## What happens after the operation?

Your baby will come back to the ward to recover. He or she will be given pain relief during and after the operation. For the first few hours, your baby will continue to be on the intravenous drip to allow the stomach and bowel to rest. We will slowly increase the amount of feed according to the advice of your baby's surgeon. Your baby may still have some vomiting but this will improve as the bowel recovers from the operation.

## Discharge

You will be able to take your baby home once he or she is feeding well. Your baby will not be routinely followed up unless there is a specific concern. In this case your clinic appointment will be sent in the post.

The stitches used during the operation will dissolve on their own so there is no need to have them removed. If possible, keep the wounds clean and dry for a couple of days, to allow the operation site heal properly. You can bath your child 5 days after the operation. Make sure that your health visitor checks your baby is regaining the weight lost through having pyloric stenosis.

## Further Information

This information was produced using the latest evidence available. Further details are available upon request. If you need any further information or have any more questions please contact the hospital on 0121 333 9999 and ask to speak to your child's Consultant's secretary or ask for the ward from which your child was discharged. This leaflet has been approved by the Department of Paediatric Surgery & Urology at Birmingham Children's Hospital.

## Looking after and sharing information about your child

We have a duty of care to help patients and families understand how information about them is kept and shared and we include the following information in all our patient leaflets:

Information is collected about your child relevant to their diagnosis, treatment and care. We store it in written records and electronically on computer. As a necessary part of that care and treatment we may have to share some of your information with other people and organisations who are either responsible or directly involved in your child's care. If you have any questions and/or do not want us to share that information with others, please talk to the people looking after your child or contact PALS (Patient Advice and Liaison Service) on 0121 333 8611

---

### **Birmingham Children's Hospital NHS Foundation Trust**

Steelhouse Lane Birmingham B4 6NH

Telephone 0121 333 9999

Fax: 0121 333 9998

Website: [www.bch.nhs.uk](http://www.bch.nhs.uk)

---

© CPADS 54148/16  
Produced: Oct 2016  
Review Date: Oct 2020  
Version 1.0.0  
Author: B. Reda

