

Information leaflet for parents/carers

# Small Bowel Atresia

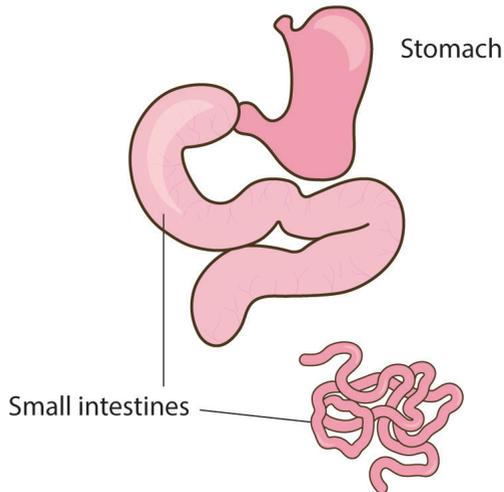


This leaflet will give you more information on the condition and what you can expect during pregnancy, delivery and after the baby is born.

Your baby has been diagnosed with a Small bowel atresia. This means that part of the small intestine is blocked with no way for the bowel contents to pass through. This stops food and fluid passing from the stomach into the intestines (shown in the picture below)

## Small bowel Atresia

Small bowel atresia is a rare condition and occurs in about one in 5,000 births. It is not normally associated with other problems such as chromosomal abnormalities.



## During Pregnancy

Small bowel atresia can sometimes be diagnosed at your routine antenatal ultrasound scan. If this is the case you will be offered an antenatal appointment to meet with the consultant surgeon at Birmingham Children's Hospital and to visit the ward where your baby will be cared for. For those that aren't diagnosed antenatally, it is likely that your baby will appear well but shortly after birth your baby may begin to have green (Bilious) vomits. If this happens an abdominal xray will be taken that can confirm the diagnosis of a small bowel atresia.

## Delivery

Ideally you will be able to go ahead with a normal vaginal delivery between 38 and 42 weeks. A caesarian section is only needed if there are specific problems that require this. This will be discussed with you if necessary.

## Treatment and care after delivery

Your baby is likely to have green vomits. Therefore your baby will not be able to feed. The nurse will pass a tube into the nose (Nasogastric Tube) down into the stomach to drain and keep the stomach empty. This will stop your baby from feeling and being sick and also release excess air from the stomach.

They will have a small tube (Cannula/drip) inserted into a hand or foot to give Intravenous fluids to keep the baby well hydrated. The baby may also receive antibiotics. When a bed is available your baby will be transferred to Birmingham Children's Hospital to be prepared for surgery.

## Feeding

Breast milk is very important for every baby but especially sick babies and even more so for those with bowel/ stomach problems. Breast milk is far more than just food, it contains essential nutrients your baby needs to grow, develop, and recover from surgery or illness.

Although your baby cannot take milk at this time, in order to establish and/or maintain your breast milk supply for when they are well enough to feed, we encourage you to express your breast milk. It is important that you start expressing milk within 6 hours of birth and continue to do this at least 8-10 times a day, including at least once every night.

There is a quiet, private area on the ward that you can use to breast feed your baby or express breast milk. Expressing milk can be done by hand, which is useful in the first few days after birth when you can expect to express small amounts of sticky clear or yellow fluid called 'colostrum'.

Electric breast pumps are available for use on the ward. Your expressed breast milk will be stored safely until your baby is well enough to feed. The nursing staff will be able to show you how to express and store your milk and arrange for you to have access to a breast pump.

## Surgery

Small bowel atresia is repaired in an operation under general anaesthetic (so your baby is asleep), which lasts around 90 minutes. The surgeon will cut the blind end of the intestines and connect it to the rest of the intestine. This provides a clear tube for food and fluid to travel from your child's stomach to his or her intestine. This is the only way to treat this condition. Small bowel atresia always requires treatment to allow your baby to feed.

The surgeon will explain about the operation in more detail, discuss any worries you may have and ask you to sign a form giving consent for your child to have the operation. An anaesthetist will also visit you to explain about the anaesthetic.

All the doctors who perform this operation have had lots of experience and will minimise the chance of problems occurring.

All operations carry a small risk of bleeding, during or afterwards. Every anaesthetic carries a risk of complications, but this is very small.

Your child's anaesthetist is a very experienced doctor who is trained to deal with any complications.

## After Surgery

Your baby will come back to the ward to recover, and you will be able to visit as soon as he or she is settled back on the ward. All babies are closely monitored after the operation, and so your baby will be connected to monitors to check his or her breathing, heart rate and oxygen levels. He or she will also be given pain relief through the intravenous infusion (drip).

While your child's intestines recover and start to work, he or she will be fed through a tube into his or her veins (this is known as total parenteral nutrition or TPN). This will gradually be replaced by breast or bottled milk, given through the naso-gastric tube when your child is able to tolerate this.

As your baby recovers, you will be able to feed him or her from the breast or bottle. Over time, the drips and monitors will be removed one by one.

The nurses on the ward will encourage you to look after your baby as much as you feel able while he or she is recovering. You may feel anxious, especially while your baby is connected to drips and monitors, but it will become easier with time.

If you are worried about caring for your baby, please talk to the nurses.

You will be able to go home or be transferred back to your local hospital once your baby is feeding properly and gaining weight. Your local health visitor or community paediatric nurse will visit you regularly.

Your baby will need to be seen again by the surgeon after discharge to check that everything is okay, and we will send you a letter in the post to tell you when the clinic appointment will be.

## What is the outlook for children with small bowel atresia?

If there is a lot of healthy intestine then the outlook is very good. If there is insufficient intestine to absorb nutrients it may take a long time for the intestine to develop and adapt. Some babies may need to stay in hospital for many months because of intestinal failure.

## Is there a support group?

### **BLISS**

BLISS is a group which offers support and advice to families with babies with a range of conditions.

68 South Lambeth Road  
London SW8 1RL  
Helpline: 08707700337  
Email: [information@bliss.org.uk](mailto:information@bliss.org.uk)  
Website: [www.bliss.org.uk](http://www.bliss.org.uk)

### **Contact a family**

Contact a family supports families with children with disabilities or health conditions.

[www.cafamily.org.uk](http://www.cafamily.org.uk)

## Further Information

We hope this information leaflet has been useful and will help you to understand all about your child's condition. However some medical information can be difficult to understand. If you need more information or have any concerns please speak to a member of the medical team caring for you or your baby.

## 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 8434/8541/8403.

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