

# Let's Talk About...

## Pyloric Stenosis

**Pyloric stenosis** (PIE-lor-ick STEN-oh-sis) happens when the **pylorus** (pie-lorus), the muscle where the stomach joins the small intestine, is too small. This means food can't pass into the intestines (see figure 1).

Children with pyloric stenosis are usually born with it, and the cause is unknown. However, boys have this condition more often than girls. A family history of pyloric stenosis is common.

### How do I know if my child has pyloric stenosis?

Babies with this condition will vomit (throw up) often and forcefully. This can happen when they are between 2–8 weeks old. Some babies might not throw up much at all. When signs are so mild, treatment can be delayed for 3–4 months.

Children with pyloric stenosis will have a bigger pyloric muscle. Healthcare providers will see whether your child has the condition by taking an ultrasound of the pylorus.

### What is the treatment for pyloric stenosis?

A simple operation releases the rings of muscle holding the pylorus closed (see figure 2). This is called a **pyloromyotomy** (PIE-lor-oh- MY-otto-me). No tissue is removed, and the stomach is left intact. The pyloric muscle returns to normal size with time. The operation has no long-term disadvantages.

### How do I prepare my baby for the operation?

When your baby vomits, important body salts and fluids leave the body. The lost fluids and salts must be replaced before it is safe to proceed with the operation. A healthcare provider will draw a blood sample to find out how much fluid and salt must be replaced. Your baby will get new fluids and salts through an IV (small tube that goes into the vein).

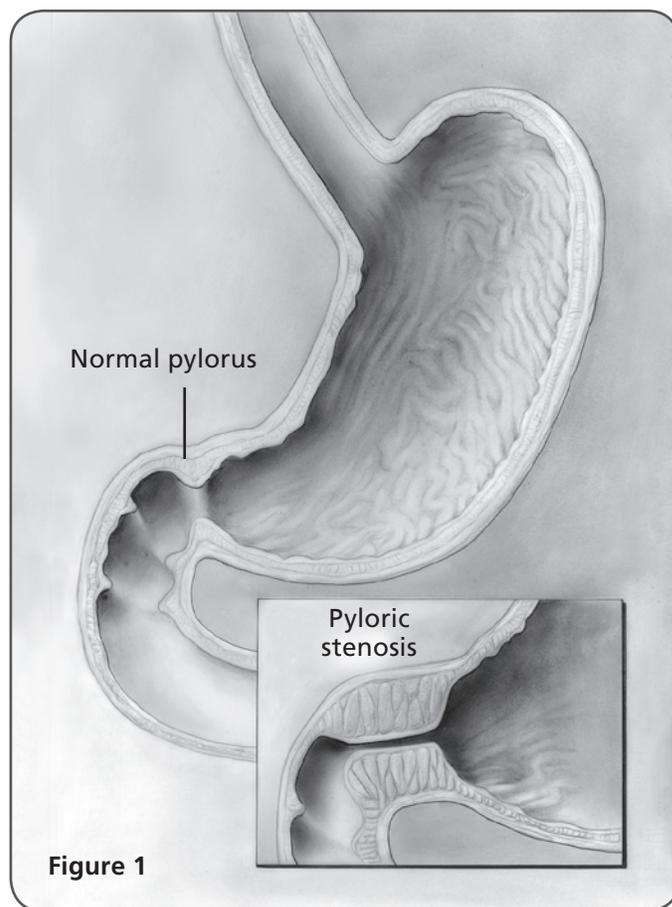


Figure 1

### Pyloromyotomy

Incision that releases rings of muscle which hold the pylorus closed.

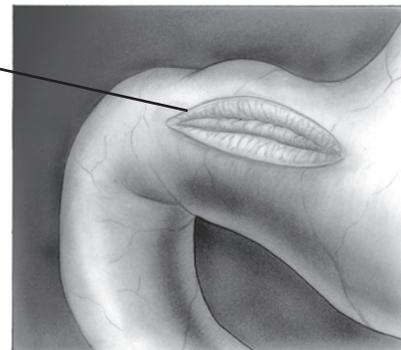


Figure 2

An NG (nasogastric) tube might be placed from the nose into the stomach to remove any barium (x-ray chemical) or food from the stomach.

During the operation, parents are asked to stay in or near the parent waiting room. It is very close to the operating room. Your baby's surgeon may wish to talk with you about the progress of the operation. When the operation is done, the surgeon will explain more details.

After the operation, your child will be monitored carefully in the recovery room for an hour or less. A healthcare provider will then take your child to a hospital room.

### **What will happen in the hospital?**

Nurses will make every effort to keep your baby safe and comfortable. They will check vital signs (temperature, pulse and blood pressure) every 4 hours.

### **What will my baby eat?**

The stomach needs a short time to be able to work properly. Your baby won't receive any food by mouth for 3 hours after the operation. Babies can then have some breast milk or formula every 3 hours.

A small amount of vomiting is normal and not concerning. Most babies keep their food down and may go home within 24–48 hours after the operation.

### **How do I care for my baby after the operation?**

There will be 1–3 small openings from the operation. If there are small steri-strip tapes covering the surgical site, they will fall off on their own in 1–2 weeks. It is okay to sponge-bathe your infant 2 days after the surgery. Do not soak or submerge the site for 7 days after the operation to prevent infection. Pat the steri-strips dry if they get wet.

If the surgical site is covered with waterproof glue, it will fall off on its own in 1–2 weeks. You do not need to keep a bandage over the glue. It is important to feed your baby slowly and burp frequently after the operation. Small, frequent feedings are better tolerated than bigger feeds.

### **Follow-up**

A follow-up appointment with your baby's surgeon and pediatrician is important. Your pediatrician should check your baby's weight and overall health a week after the operation. You should also meet with the surgeon 2–3 weeks after the operation. If you can't make a return visit, call the surgeon's office 2 weeks after the operation.

### **Call your doctor if...**

- Your baby has a fever greater than 101°F
- Your baby has difficulty breathing, with or without cough
- Your baby vomits a lot and often
- Your baby bleeds from the surgical site made during the operation
- Your baby has redness, swelling, or constant pain at the surgical site

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