



The hospital is able to arrange for an interpreter to assist you in communicating effectively with staff during your stay through INTRAN.

If you need an interpreter or a person to sign, please let us know.

If you require a large print version of this booklet, please contact PALS on 01493 453240

## Pyloric stenosis



### Information for Parents/Carers

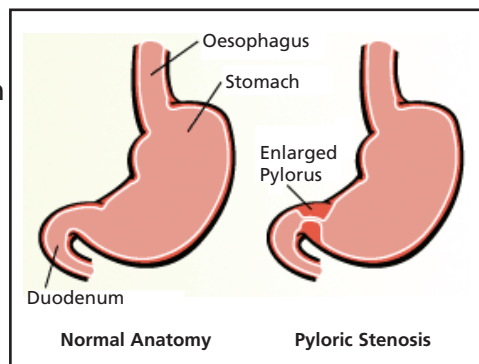
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## What is pyloric stenosis?

Pyloric stenosis refers to thickening of the pylorus muscle. The pylorus is part of the stomach and connects to the small intestine. In some babies the pyloric muscle becomes thickened and this narrows the pyloric canal, making it difficult for food to pass out of the stomach. This may cause the baby to regurgitate their feeds. In time the pyloric canal may become so narrowed that almost nothing can pass through it, resulting in projectile vomiting. Projectile vomiting is the main symptom which happens around six weeks of age.



## Symptoms

- Regurgitation of milk soon after feeding. In time this may progress to forceful vomiting of all feeds.
- Hunger soon after feeding.
- Failure to gain weight.
- Constipation.

## Which babies are affected?

Pyloric stenosis may affect babies up to six months of age but more commonly occurs between 2 and 6 weeks of age. It is four times more common in males than females, and is more common in first born males.

## What will happen in hospital?

The doctor will take a history from you, particularly asking questions about your baby's feeding and weight. They will examine your baby and feel their tummy. Sometimes it is possible to feel a small mass in the tummy. The doctor may also observe your baby feeding and feel their tummy at the same time. This is known as a 'test feed'.

It may be necessary to confirm the diagnosis using an ultrasound scan of your baby's tummy. This shows a picture of the inside of your baby's tummy. It is a quick procedure and does not hurt the baby.

Blood tests will be taken and a small cannula will be left in your baby's hand.

Babies with pyloric stenosis can become very dehydrated as a result of the vomiting. We will then replace the fluids and salts they have lost through vomiting using a drip.

We will also put a small tube through your baby's nose into their stomach. This will allow the stomach contents to drain out of the tube and will stop the baby from vomiting.

## How is pyloric stenosis treated?

Pyloric stenosis is treated by a simple operation called Pyloromyotomy. This operation will be carried out at another hospital as it is not performed at the James Paget University Hospital. Once your baby has been adequately rehydrated and their salt levels replaced, they will be transferred to the relevant hospital. The operation is carried out under a General Anaesthetic and involves making a small cut in the pylorus to widen the canal allowing food to pass out of the stomach. Feeding is usually reintroduced within 24 hours of the operation. The baby may experience some vomiting after the operation, but this usually resolves within 48 hours.

## After the operation

You can expect your baby to make a complete recovery following surgery. They will catch up on their lost weight and start to gain weight normally. There are no long term consequences for their development.

If you have any further questions or concerns, please feel free to ask one of the doctors or nursing staff for more information.

## Contacts

If you are worried about your child following discharge please take them to your GP or A&E, if you have any queries/questions please contact ward 10 on 452010.