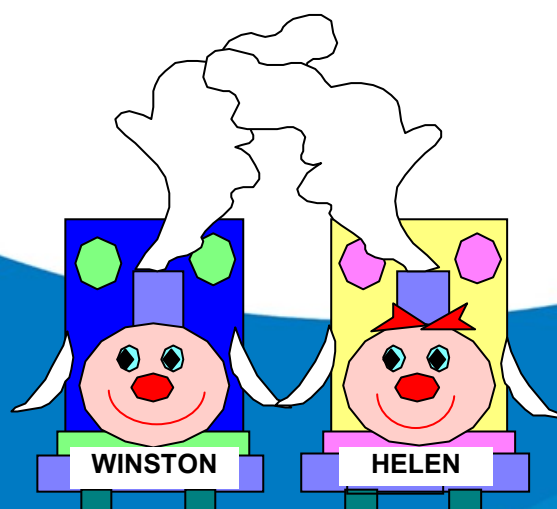


Pyloric Stenosis

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in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式
此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.



Nature & Reasons for Condition

Pyloric stenosis is a condition that affects babies in the first few weeks of life, usually before 6 weeks of age. It is caused by a narrowing (stenosis) of the passage at the top end of the stomach, due to thickened/enlarged muscle.

Signs and symptoms

- In most cases, a baby with pyloric stenosis will begin by bringing up small amounts of milk after feeds.
- This may increase over a few days, until the baby can no longer keep any milk down.
- Vomiting can be forceful and shoot out of the baby's mouth, this is called projectile vomiting. This happens because the milk is unable to pass through the thickened muscle at the end of the stomach.
- Vomiting usually occurs shortly after a feed. However it can be several hours later.
- Baby may also stop gaining weight or lose weight.
- In severe cases there may be signs of dehydration and a decrease in number and size of stools.

Our usual form of treatment

- The enlarged stomach muscle can sometimes be felt by the doctor as a small, hard lump on the right side of the baby's tummy, especially during and after feeding.
- The doctor may give your baby a test feed, so the lump can be felt and vomiting observed.
- Other investigations may include an ultrasound scan examination.
- Sometimes a barium meal may be needed, in which case your baby will be given a special drink and then X-Rays will be taken.

The operation

A very small cut is made on the abdomen to enable the surgeon to reach the pylorus muscle. The cut will be closed afterwards with a dissolvable stitch. The operation itself involves cutting some of the muscle fibres of the pylorus to widen the opening to the intestine, so that food can pass through.

Benefit, risk and discomfort of treatment

- As with every operation there are risks with the anaesthetic; however the anaesthetist will discuss all risks with you before the operation.
- After surgery the condition does not reoccur.
- Your baby will be given medicines to relieve any discomfort during the first day or two after surgery. Feeds usually start the day after the operation.

Alternative Treatment

None; your baby will become dehydrated and fail to thrive if this operation is not performed.

Discharge home

- Provided your baby's recovery goes well and there is no post operative complications such as vomiting, you should be able to take your baby home within 2-3 days of surgery.
- The stitches will be covered by a clear dressing so that the wound can be seen, and the stitches will dissolve on their own.
- An appointment may be made with the surgical team or your general practitioner for 4-6 weeks after the operation to check on your baby's progress.

If you have any further questions please contact your child's consultant via their secretary by calling the hospital switchboard on 0151 430 1600.

The secretaries are available Monday to Friday 9.00 am to 5.00 pm

If you need to contact the Department outside of these hours please phone either:

Ward 3F 0151 430 1616

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

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