

Pyloric Stenosis



Dr Monja Proctor

What is Pyloric Stenosis?

The pyloric sphincter is a circular muscle that controls emptying of the stomach into the bowel. Pyloric Stenosis occurs when the pyloric sphincter is thickened and increased in size. As the muscle thickens it squeezes shut the opening out of the stomach and slows down or prevents the stomach from emptying. The thickened area is about the size and shape of an olive and the doctor can sometimes feel it in the baby's belly. Babies generally develop pyloric stenosis between 4-8 weeks of age although it can occur later. Pyloric stenosis is more common in boys and can occur in families.



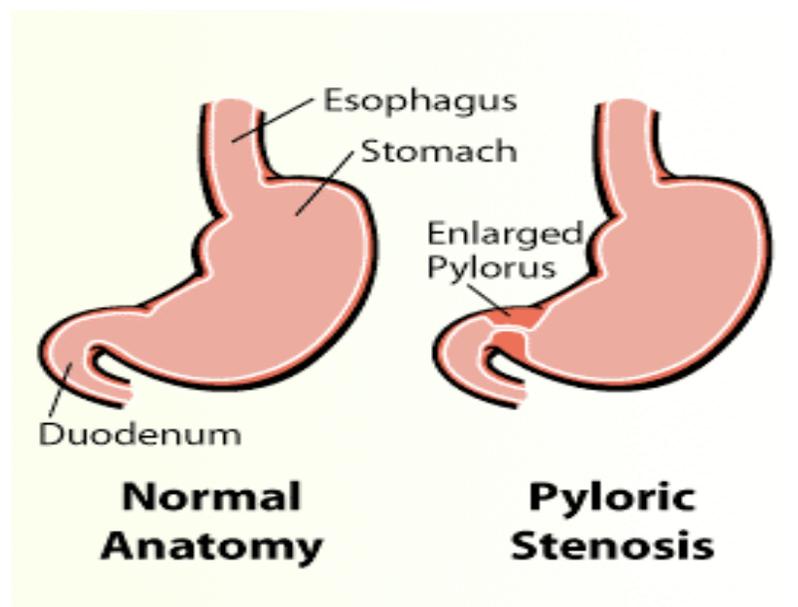
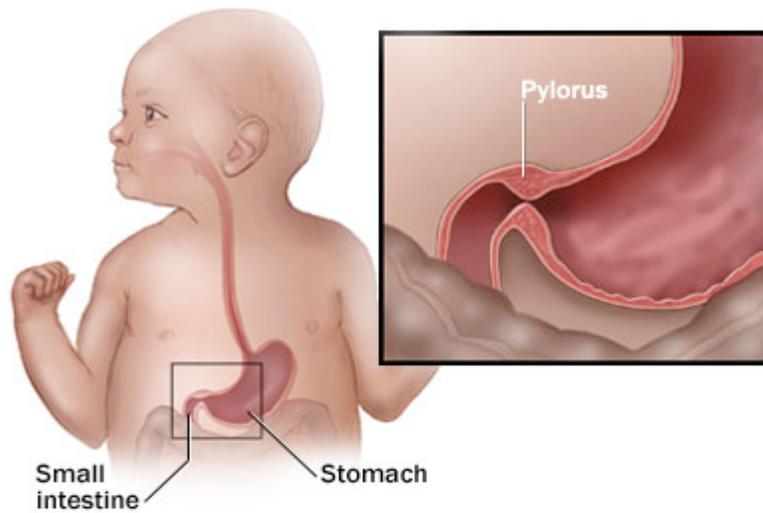
Dr Edwin Hatch



Dr John Lawrence



Dr Robert Weinsheimer



What are the signs of Pyloric Stenosis?

- Vomiting; usually forcefully and projectile (looks like digested breast milk or formula)
- Baby may always seem hungry
- Dehydration and weight loss can occur
- Bowel movements are less often and smaller

How is Pyloric Stenosis diagnosed?

The doctor may be able to feel the olive shaped lump in your baby's belly

An ultrasound may be done to show the shape and size of the pyloric sphincter

Occasionally it may be necessary to have a swallow study done. This involves giving your baby a chalk-like fluid called barium to drink. It may be given through a tiny tube that is put into your baby's nostril, down the throat and down into the stomach (NG Tube). A series of x-rays are taken to visualize the stomach. If pyloric stenosis is present the x-ray will show the stomach to be larger than normal and the barium will stay in the stomach instead of passing through.

What are the treatment options?

Although medications have been tried, surgery remains the best option. A **Pyloromyotomy** is the surgery to correct pyloric stenosis.

What happens before surgery?

An intravenous (IV) line is placed and your baby will be given fluids to treat what can be significant dehydration. It can take several days to achieve a safe level of hydration and electrolyte balance before proceeding to surgery.

Your baby will be not allowed to bottle or breast feed.

If your baby is vomiting a lot it may be necessary to insert a NG tube. The NG tube drains the stomach contents and helps prevent vomiting.

How long is the surgery?

Surgery usually takes about 1 1/2 hours. The recovery room stay is usually about 1/2 to 1 1/2 hours.

What to expect after the surgery.

Average length of stay after surgery is 24-48 hours, however each child is different and the length of stay may vary.

Pain

Our goal is for your baby to be pain free. We will use a combination of local anesthetic injected at the time of surgery and pain medicine afterwards.

Feedings

The first feedings are usually small amounts of sugared water given several hours after surgery. If your baby tolerates those feedings well then feeds are graduated to breast milk or formula.

Your baby will need frequent burping before, during and after the feeding

Vomiting

It is common for the babies to vomit after this surgery. This does not mean the surgery was unsuccessful. The vomiting will decrease in size and frequency as the swelling from surgery resolves.

Holding your baby upright after feeding will help with vomiting and reflux.

How do I care for my child at home?

Please call the pediatric surgery office at 206-215-2700 if you have any questions about pain control, infection or other concerns.

Incision

Allow steri-strips or super glue to fall off. You may remove these in 2 weeks if still in place.

Remove belly button dressing in 2 days

Keep incisions dry for 2 days then okay to sponge bath with soap and water.

You can fully bathe your baby one week after surgery.

Comfort

Your child may need pain medicine for a few days at home. Your surgeon will give you instructions before discharge.

Follow up

The surgeon will see your baby 1-3 weeks after leaving the hospital.

When do I call the doctor?

- Fever (greater than 101 degrees Fahrenheit)
- Redness, swelling and/or drainage at the incision site
- Pain not relieved with painkillers
- Baby refuses to feed normally.
- Vomiting more frequently especially if voiding less. Potential risk of dehydration



Pediatric General Surgery
1101 Madison, Suite 800
Seattle, WA 98104

For a free physician referral:
1-800-SWEDISH (1-800-793-3474)
www.swedish.org