



Pyloric Stenosis

Information for Parents

What is pyloric stenosis?

This is a condition which develops between the stomach and the small bowel (pylorus) becoming narrower. The passage is made up of muscle, which becomes thicker than usual, closing up the inside of the passage. This stops feed passing from the stomach into the bowel to be digested.

What are the symptoms of pyloric stenosis?

- A baby with pyloric stenosis has increasing amounts of vomiting. The vomiting may become so forceful that it projects out of the baby's mouth for several feet. This is called projectile vomiting.
- The vomit may be yellow and curdled from mixing with the acid in the stomach. The vomit may also contain a small amount of dark coloured blood, caused by frequent vomiting.
- As less milk reaches the bowel, so fewer stools are passed.
- Weight loss.
- If the condition is not treated babies become dehydrated making them sleepier, and having less wet nappies. The fontanelle (soft spot) on top of the head may appear sunken.

What are the causes?

We do not know exactly why pyloric stenosis develops, but it usually affects more boys than girls at about 6 weeks of life, and can run in families.

How is it diagnosed?

The doctor will ask you lots of questions about your baby and will want to examine your baby during a feed. The thickened pyloric muscle can be felt as a hard lump, especially during feeds. The stomach muscles can sometimes be seen moving as they try to push milk out of the stomach.

Diagnosis is usually confirmed by an ultrasound scan examination of the stomach.

How is it treated?

Pyloric stenosis is usually treated by an operation lasting about half an hour under general anaesthetic. The operation is called a pyloromyotomy, and is usually performed through the belly button. The operation is performed at one of the local children's hospitals and arrangements will be made for your baby to be transferred in an ambulance with a nurse.

Are there any risks?

Your baby is being transferred to a hospital where the doctors have lots of experience in doing this operation, which will minimise any risks.

All surgery has a small risk of bleeding during or after the operation. Every anaesthetic carries a risk of complications but this is small.

What does the operation involve?

Your child's surgeon will explain the operation to you and discuss any concerns you may have, before asking your permission to sign a consent form. During the operation the surgeon will cut through some of the thickened muscle which widens the passage so that milk and food can pass into the bowel. Your baby is usually well enough to go home in about 2 days after the operation.

What happens before the operation?

- Your baby will be given an intravenous infusion (drip) where a small plastic tube is inserted into a vein, and fluid is given through it.
- The doctor will take a blood test
- Your baby will not be able to have any feeds so that the stomach is rested and the vomiting stops. The drip will provide all the fluid your baby needs, but your baby may find a dummy comforting while he cannot feed.
- Your baby will need a nasogastric tube to drain any stomach acids, and prevent vomiting and discomfort. A nurse will pass a fine soft tube through your baby's nose into their food pipe and down into the stomach. Tape is used to keep the tube in position.
- Passing the tube only takes a few minutes. Your baby may feel some discomfort, but a cuddle will soon soothe them.

When will my baby be transferred?

The time can vary depending on how dehydrated your baby is. The doctors will make sure your baby is well enough to travel, and find out when a bed is available. We will share any information we have with you.

Starlight Children's ward Tel: 0161 291 5458
Wythenshawe Hospital
Southmoor Road
Wythenshawe
M23 9LT