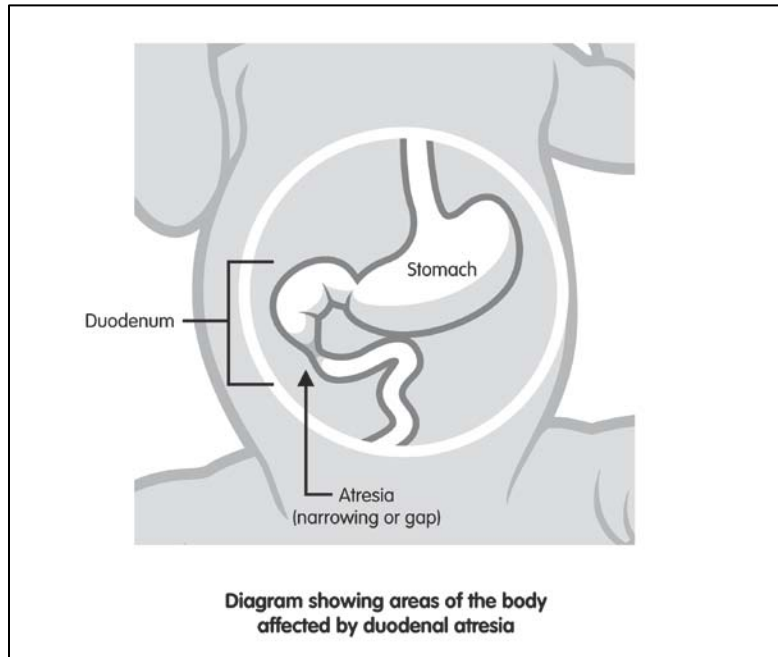


Duodenal atresia



The duodenum is a hollow jointed tube that joins the stomach and the lower intestine.

Atresia means gap. Duodenal atresia is a condition where the duodenum has not developed properly. It is not open and cannot allow the passage of stomach contents. Occasionally there may not be a complete gap but a partial narrowing instead.

Duodenal atresia can result in an increase in the amniotic fluid around your baby (the nourishing and protecting liquid contained by the amniotic sac) which may lead to an early delivery.

Duodenal atresia can be associated with other problems. Approximately one-third of babies with duodenal atresia have a condition known as Down's Syndrome and it is possible to test for this before birth. This will be discussed with you by the team caring for you during your pregnancy. Other investigations may be necessary after your baby is born.

How is it diagnosed?

Duodenal atresia can be diagnosed on an ultrasound scan before birth. There is no known cause for the condition, but it is believed to occur sometime during the early weeks of pregnancy.

The diagnosis is made by seeing two fluid filled areas in your baby's abdomen which are the enlarged stomach and duodenum. This may have been detected on a scan during pregnancy or may not be detected until after the delivery when the baby starts to vomit. An x-ray of your baby's abdomen will confirm the diagnosis.

Initial management

Babies with duodenal atresia vomit soon after birth and the vomit is usually bile-stained (green), after which:

- milk feeds, if started, will be stopped
- a tube will be passed through the nose into the stomach to drain away any fluid and air collecting in the stomach
- fluids will be given into a vein via a drip.

Will my baby need surgery?

If diagnosed with duodenal atresia, your baby will need an operation in the first few days of life.

The surgery is carried out through a small incision on your baby's stomach. The two ends of the duodenum are joined together and the incision closed again.

Can I feed my baby?

In babies with this condition it usually takes two weeks before the bowel is able to tolerate milk feeds, although in some babies it may be longer than this.

The surgeon may decide to place a feeding tube down through your baby's nose, into the stomach and through the join in the duodenum so that milk feeds may be started earlier.

However some babies will need drip feeds (parenteral nutrition) through a long line. This line is usually placed in a small vein in an arm or leg and fed through into a large vein. Sometimes an operation under anaesthetic is necessary to insert the line directly into a large vein.

It should be possible for your baby to grow quite normally on this form of feeding while the bowel is recovering.

Milk feeds will be slowly introduced and increased, as your baby is able to tolerate them. Once recovery has begun your baby should be able to feed normally.

What are the long term effects?

Usually there are no long term effects of duodenal atresia.

However, following an operation, there is always a small risk of future obstruction occurring. If your baby vomits green bile or has a swollen stomach medical advice should be sought immediately.

More information about Bliss and its services

Further advice, support and information can be requested by phoning our Family Support Helpline on freephone **0500 618140**. The line is open from 9am to 9pm, Monday to Friday. You can also email us at enquiries@bliss.org.uk