

Pyloric stenosis in babies

Paediatrics

Information for parents and carers

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Caring for you

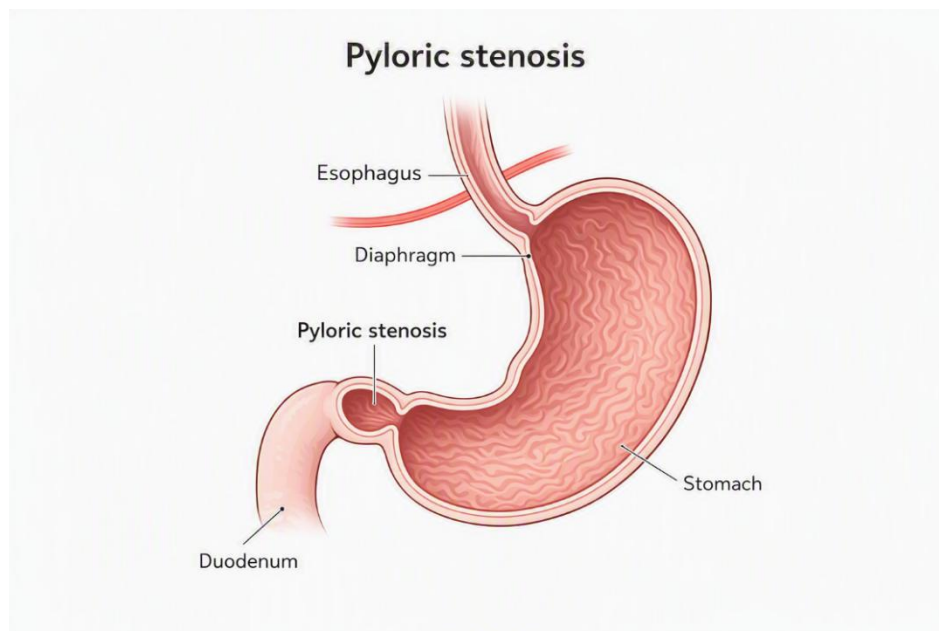
What is pyloric stenosis?

Pyloric stenosis is a condition that can affect babies from 2 to 12 weeks old.

The pylorus is the opening between the stomach and the small bowel.

In pyloric stenosis, the muscle around this opening gets too thick. This makes the opening too narrow.

Milk cannot pass easily from the stomach into the bowel. This can make your baby vomit.



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Signs and symptoms

Your baby may:

- bring up a little milk after feeds at first
- vomit more over a few days
- be unable to keep milk down
- vomit very strongly, so milk shoots out of their mouth. This is called projectile vomiting
- bring up milk that looks yellow or lumpy
- pass less poo than usual
- lose too much fluid. This is called dehydration
- not put on enough weight

Signs of dehydration include:

- being unusually sleepy or difficult to wake
- fewer wet nappies than normal
- a sunken soft spot on the top of the head

How is pyloric stenosis diagnosed?

We will ask about:

- your baby's feeding
- vomiting
- wet nappies
- dirty nappies

We may gently check your baby's tummy. Sometimes, we can feel the thick muscle.

We will take blood samples to check if your baby has lost too much fluid.

Your baby will also have an ultrasound scan. This is a painless test.

We place some gel on your baby's tummy and move a small probe over their skin.

The scan checks the pylorus. It can show if your baby has pyloric stenosis.

How is pyloric stenosis treated?

Pyloric stenosis needs an operation.

We will refer your baby to the surgical team.

Your baby will be transferred to Alder Hey Children's Hospital, which is a specialist children's hospital.

Before transfer

Before your baby is transferred, we need to make sure they have enough fluid in their body.

Your baby will be nil by mouth. This means they must not have milk feeds.

You can still cuddle your baby. If they use a dummy, they can still have it.

A nurse will help you give mouth care to keep your baby comfortable.

We will put a soft tube through your baby's nose into their stomach. This tube lets fluid drain from the stomach into a bag.

We will also:

- take blood samples
- insert a small tube into a vein called an IV cannula
- give fluids through the IV cannula to help your baby feel better

Your baby may need more blood tests while we check their fluid levels.

Once your baby is well enough and a specialist bed is available, we will arrange the transfer.

It can take a few days before your baby is ready to be transferred and have surgery.

Transfer to Alder Hey Children's Hospital

A nurse will arrange the ambulance transfer.

One parent can travel with the baby in the ambulance. The other parent will be given directions to the hospital.

Your baby will travel in a Babypod. This is a safe pod made for babies during travel.

During the journey:

- your baby will be monitored closely
- IV fluids will continue if needed
- a nurse will travel with your baby

When you arrive at Alder Hey, the nurse will hand over your baby's care.

They will give the staff:

- copies of test results
- observation charts
- fluid records

Surgery

At Alder Hey, you will meet the surgeon who will:

- explain the operation
- ask for your consent

Your baby will also see a doctor called an anaesthetist. This doctor gives medicine to keep your baby asleep and pain-free during the operation.

The operation is called a pyloromyotomy. The surgeon makes a small cut in the thick muscle.

This makes the opening wider. Milk can then move from the stomach into the bowel more easily.

Questions and worries

The Alder Hey team will explain the operation, recovery, and aftercare in more detail. They will answer any questions and discuss any concerns you may have.