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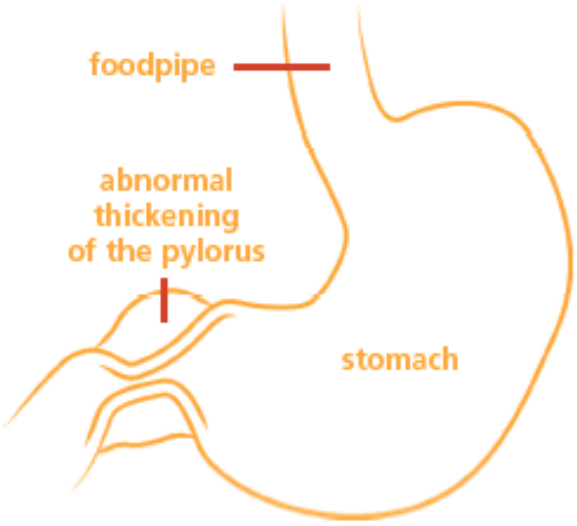
Pyloric Stenosis *(1 of 2)*

What is pyloric stenosis?



The pylorus is the outlet of the stomach into the small intestine. Stenosis means a narrowing. Pyloric stenosis means a narrowing of the outlet of the stomach. It occurs in some new-born babies.

Food and drink pass down the foodpipe (oesophagus) into the stomach. Here it mixes with acid and is partially digested. The stomach then normally passes the food and drink into the small intestine to be fully digested and absorbed into the body.

A narrowed or blocked outlet from the stomach (pyloric stenosis) can lead to serious illness unless it is treated.

What are the symptoms of pyloric stenosis?

Symptoms typically begin in a baby 2-4 weeks old who is otherwise healthy. In some cases however, symptoms can take up to two months to start.

Vomiting after a feed is the main symptom. The vomiting is often 'normal' and milk just dribbles down the front of the baby. Sometimes the vomiting is forceful and milk may be vomited quite a distance like a fountain. This is called 'projectile vomiting'.

The baby remains hungry and will usually feed well - only to vomit the milk back soon after feeding. The vomiting tends to get worse and worse over several days.

Little food or drink passes through the narrowed pylorus which gets narrower over time. Affected babies do not gain weight and are in danger of quickly becoming dehydrated (lacking in body fluid) and seriously ill if the condition is not treated.

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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

If you are unhappy with the advice you have been given by your GP, consultant, or another healthcare professional, you may ask for a second (or further) opinion.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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Date written: Feb 2010
Last reviewed: June 2016
Review date: June 2017
Version: 1.1
Code: PI0396

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What causes pyloric stenosis?

The muscle in the wall of the pylorus is abnormally thick. This causes the outlet from the stomach to become stenosed (narrowed). It is not known why this occurs. Boys are affected more commonly than girls.

Are any tests needed?

A doctor may examine the baby's tummy (abdomen) whilst they are feeding. A typical bulge next to the stomach can often be felt as the muscles in the stomach and pylorus contract. The diagnosis is confirmed if the bulge is felt. There is a blood test which is also needed to confirm the diagnosis. An ultrasound scan may be done if there is doubt about the diagnosis. This painless test is very reliable at detecting the thickened pylorus.

What is the treatment for pyloric stenosis?

Fluids

If a baby has had pyloric stenosis for a while they can become dehydrated and their blood tests can become abnormal. It is important that they are well hydrated and that the blood tests return to normal before they have surgery to cure the problem. They will need to have a drip inserted into their veins to give fluids and sugar. They also will need to have a tube passed from their nose into their stomach. This is to make sure the stomach remains empty and prevent further vomiting by draining off the stomach contents.

Surgery

A small operation done under a general anaesthetic usually cures the problem. A small cut is made in the skin over the pylorus. The pylorus is found and the thick part of the muscle in the pylorus is then cut. This allows the stomach outlet (pylorus) to widen into a normal size.

There is no alternative to this operation. If your child does not have the operation then they will not be able to feed normally and will become seriously ill.

This operation is not performed in Salisbury Hospital. When it is time for your child to have the operation they will be transferred to another hospital where you will meet the surgical team and anaesthetist.

Your child's surgeon will explain the operation to you in detail, discus any worries you may have and ask your permission for the operation by asking you to sign a consent form.

The anaesthetist will also see you to explain about your child's anaesthetic in more detail. If your child has any medical problems, such as allergies, please tell the doctors.

The operation is usually totally successful. Normal feeds are started again shortly after the operation. Most babies recover quickly and have no further problems.

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