

Dept of Neonatology

Centenary Hospital for Women and Children Yamba Drive, Garran ACT 2605 PO Box 11 Woden ACT 2606 Phone: (02) 6174 7565 Fax: (02) 6244 3422 Website: www.health.act.gov.au

PYLORIC STENOSIS

What is pyloric stenosis?

The pylorus is the lower end or exit of the stomach where stomach contents enter the intestine. Pyloric stenosis is a narrowing or obstruction of the pylorus. The muscle in the pylorus has become thickened narrowing the exit from the stomach and preventing food/fluid passing readily into the intestine.

Why does pyloric stenosis cause a problem?

As the stomach contents cannot empty into the intestine your baby will vomit, and sometimes this vomiting may be quite forceful. If your baby vomits frequently this may cause dehydration as well as salt and fluid imbalances.

Why does pyloric stenosis occur?

Pyloric stenosis occurs in 3 out of 1000 babies born. It is more common in firstborn male infants and this condition may run in families. The reason why the pyloric muscle thickens is not known.

What symptoms will my baby have?

Most babies present with vomiting in the first weeks of life. This vomiting may become quite forceful and progress to projectile vomiting. Frequently the baby appears hungry after vomiting as little feed has passed through the stomach into the intestine. If the baby vomits frequently he/she may not gain weight and become dehydrated.

How is pyloric stenosis diagnosed?

Sometimes the enlarged pylorus can be felt as a "lump" by carefully feeling the abdomen, however pyloric stenosis is usually diagnosed with an ultrasound which shows the enlarged and thickened pylorus. Your baby will also have some blood tests taken to ensure that his/her fluid and salt balance is correct.

How is pyloric stenosis treated?

Surgery is necessary for pyloric stenosis. The procedure is called a pyloromyotomy and the pyloric muscle is split to release the obstruction it is causing. Your baby will require a short anaesthetic for the surgical procedure.

What happens after surgery?

Your infant will be able to feed again 24 hours after surgery. Most infants tolerate their feeds and are able to be discharged home 2-3 days following surgery. Some infants may continue to vomit small amounts, similar to other infants of the same age, and this is normal.

If you have any further questions please ask the medical and nursing staff.

Approved by Canberra Hospital Neonatal Intensive Care Unit, 2012 Revision Date 2015