

# Treating your child's bowel blockage (intussusception)

## Children's Hospital

Information for Patients, Parents & Carers

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## Introduction

Intussusception is where part of the bowel, also called intestine, telescopes into itself. This causes the bowel to become blocked. It occurs mostly in children under 3 years of age.

## What are the symptoms?

Intussusception usually happens very quickly in an otherwise healthy child. Children usually have tummy pain which may make them scream and bring their knees up to their tummy or chest. Blood and mucous may be passed from your child's bottom, it may look like a 'red currant jelly stool'. Your child may also be sick (vomit). The vomit may look like green coloured vomit.

## How is intussusception diagnosed?

The doctor will talk to you and examine your child. If the doctor thinks that your child may have intussusception, an ultrasound scan will be done to make sure.

## What is the cause of intussusception?

There is not necessarily a cause but often the child may have had a cough or cold or tummy bug.

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## How is intussusception treated?

Your child will need a cannula into their vein to give fluids and usually a tube is passed into the nose and down to the stomach to remove the stomach contents and to stop more vomiting. Antibiotics into your child's veins as a precaution to prevent any infection (prophylaxis) and a blood test may also be needed.

If it is possible your child will need a tube to be placed into their bottom and air blown through this tube to treat the intussusception. This is called an air enema. The air causes the intestine to return to normal not telescoped in on itself. It can be done under sedation in the X-ray department. If this doesn't work, an operation will be needed.

## What happens before the operation?

If your child needs an operation the surgeon will explain the operation in more detail, discuss any worries and ask for permission for the operation by asking the parents to sign a consent form. An anaesthetist will also visit to explain about the anaesthetic in more detail and options for pain relief afterwards. If the child has any medical problems, the doctors should be told. This will be done under a general anaesthetic, but a large proportion of children only need the air enema.

## What happens during the operation?

A small cut is made in the tummy (abdomen). The surgeon may be able to treat the intussusception by moving it with their hands but if they cannot do this, they will remove the part of bowel involved if needed. If any bowel is removed all the stitches will be dissolvable if the bowel is manually reduced then no stitches will be needed. The stitches to the abdomen will be dissolvable as well.

## What happens after the operation?

Your child will continue to have a drip until he/she is allowed to drink. The doctor will decide when this will be, depending on the operation your child has had. But the bowel will need some time to rest and recover from the operation.

The tube in your child's nose will remain in place until your child drinks and does not vomit afterwards.

Re-starting food and fluids is taken slowly to make sure that there are no problems like vomiting.

Pain relief will be given regularly after the operation for at least the first 24 hours but please speak to the nurse if you feel your child is still in pain as they may be able to have other forms of pain relief.

Depending on how your child recovers you will probably be allowed to go home within 1 to 5 days after your child's operation.

## Is there a risk of any complications?

Sometimes intussusception may happen again usually in the first few days. Look out for the same signs and symptoms and contact your GP immediately if you are concerned.

## Aftercare advice following discharge

- All stitches are dissolvable.
- Monitor for signs of recurrence and go to the Children's Emergency Department if you are concerned.

## What to expect with the wound:

- Should heal by itself.
- Will have a certain amount of swelling.
- A small amount of oozing can be expected.
- It will look bright pink.

If you experience any of the problems below, contact ward 10 for advice or go to the Children's Emergency Department:

- Wound starts to bleed.
- Wound becomes red and angry and more painful to touch.
- Wound starts to discharge pus.

## Contact details

- Your GP, if well you do not need to see GP.
- Ward 10: 0116 258 5362

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