

Treating your child's bowel blockage (intussusception)

Children's Hospital

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Information for Patients, Parents & Carers

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Introduction

Intussusception (in-tuh-suh-sep-shun) is where part of the bowel, also called intestine, telescopes into itself. This means the bowel walls begin to press onto one another blocking the bowel. This causes the bowel to become blocked. This happens mainly in children under 3 years of age.

What are the symptoms?

Intussusception can happen suddenly in a child who seems healthy. The symptoms include:

- **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'.
- **Being sick (vomit)**. The vomit may look green coloured.

How is intussusception diagnosed?

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

What is the cause of intussusception?

There is no cause of intussusception. Your child may have had a cough or cold or tummy bug that triggers intussusception.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

How is intussusception treated?

Your child will need a cannula into their vein. This is a small thin tube that goes into their vein to give fluids. We can use this to give your child antibiotics. We do this to prevent any infection (prophylaxis). We may also use this tube for blood test if needed.

They may also need a tube that is passed into the nose and down to the stomach. This tube is used to remove the contents inside stomach and to stop more vomiting.

If it is possible your child will need a tube to be placed into their bottom. We will treat intussusception by blowing air through this tube. This is called an air enema. The air causes the intestine to return to normal. We do this under sedation in the X-ray department. If this does not work, we may need to do an operation if needed.

What happens before the operation?

If your child needs an operation the surgeon will explain the operation in more detail. You can talk about any worries and questions you have. We will ask for your permission for the operation. Parents will need to sign a consent form. An specialist doctor (anaesthetist) will also visit to explain about the anaesthetic in more detail. They will talk about options for pain relief after the operation. If the child has any medical problems, you must let the doctors know. The operation will be done under a general anaesthetic. Most children only need the air enema and no operation.

What happens during the operation?

A small cut is made in the tummy (abdomen). The surgeon may be able to treat the intussusception by reducing it with their hands. If they cannot do this, they will remove the part of bowel involved if needed. The stitches used to close the cut will be dissolvable. This means the stitches will not need taking out.

What happens after the operation?

Your child will continue to have a drip until they are allowed to drink. The doctor will decide when this will be. This will depend on the operation your child has had. 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.

We restart food and fluids slowly to make sure that there are no problems like vomiting.

We will give pain relief regularly after the operation for at least the first 24 hours (1 day). 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?

Possible risks when having **air enema**:

- **Failure of air enema:** We may need to repeat enema or surgery if air enema fails the first time. We can repeat this procedure up to 3 times unless the child is too unwell. Then they would be transferred to theatre instead.
- **Tiny hole in the bowel (perforation):** This can happen in about 1 in 100 children. The pressurised air may cause or reveal a tiny hole in the bowel (called perforation). Air could escape through this hole into the abdomen, which could quickly expand. If this were to happen, we will need to quickly insert a small needle into your child's tummy to help the air escape. Your child would then need an operation to repair the hole in the bowel to prevent further problems.
- **Intussusception happens again:** Even if the air enema works, there is a small chance that the intussusception could come back. This can happen in about 5 children in every 100 we treat with an air enema. This is most likely to happen 2 to 3 days after the air enema. It will cause similar symptoms as before. The air enema might need to be repeated if this happens. This is less common after an operation compared to air enema.

Possible risks when having **an operation**:

- **Needing to remove parts of the bowel:** During the operation, if the surgeon cannot reduce the blockage by hand, they will remove that part of the bowel. This means they will remove the blocked bowel and join the remaining bowel ends.
- **Needing a stomach bag (stoma):** In rare situations, the surgeon may need to perform a temporary opening (this is called stoma) in the bowel and bring it to the skin. The bowel will be attached to a temporary bag for few weeks. Your child's poo will gather in this bag. Usually you will be allowed to go home in few days. We will give you advice on how to look after the bag till the stoma is closed few weeks later.
- **Wound infection.** This does not happen often. The wound may become red and contain pus. Your child may have a temperature and feel more unwell. We will give your child more antibiotics for this. The likelihood of this happening is 1 in 10,000 children.



Aftercare advice after discharge

- All stitches are dissolvable.
- Monitor for signs of intussusception coming back.
- 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 your child has any of the problems below:

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

Contact ward 10 for advice or go to the Children's Emergency Department.

Contact details

- Contact your GP. If your child is well you do not need to see GP.
- Ward 10: **0116 258 5362**

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