

# Surgery to treat your child's narrowed pylorus stomach muscle (pyloric stenosis)

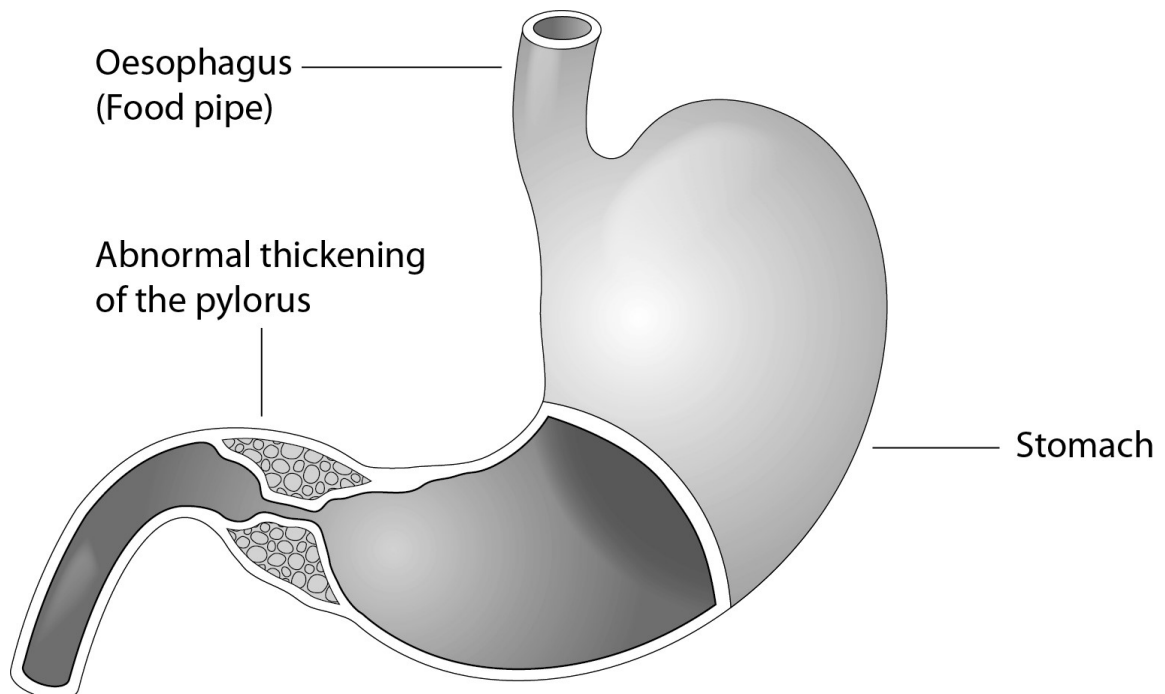
Children's Hospital

Information for Patients, Parents & Carers

Produced: March 2021  
Last updated: October 2022  
Review: March 2024  
Leaflet number: 1159 Version: 1.1

## What is pyloric stenosis?

Pyloric stenosis is a condition that can affect babies in the first few weeks of life. It is caused by a narrowing (stenosis) of the passage (pylorus) between the stomach and intestines. The narrowing is caused by the overgrowing of the circular muscle that surrounds the opening to the pylorus. We do not know what causes it, but it can run in families. Boys are more commonly affected.



Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## How is it diagnosed?

The overgrown pyloric muscle can be felt as a small, hard lump on the right side of your baby's tummy, especially after feeding. The muscles around the stomach can sometimes be seen straining, moving from left to right as they try to push the milk through the pylorus. The doctor may want to try giving your baby a 'test feed', so that they can feel for the lump. Other tests may be needed. The doctor may ask for an ultrasound which is like an X-ray but uses sound waves to produce an image. Any tests needed will be explained by the doctor or nurse if your baby needs them.

## How is it treated?

Pyloric stenosis is treated with a small operation (pyloromyotomy) to relieve the blockage. Because your baby has been vomiting they are likely to be dehydrated so to make the operation as safe as possible they will need a cannula with a drip attached to give them fluid. This will make sure that your baby's blood contains the right amounts of salts and minerals and treats the dehydration. Your baby will have the operation once their blood results are normal. Blood will be checked regularly by a doctor or nurse who take the blood by making a small prick in your baby's heel.

They will also need a tube which is passed through the nose and into the stomach; this is needed to empty any secretions and wind produced there so your baby is not sick. It will also help to relax the stomach muscle.

For the operation a small cut in the skin will be made to allow the surgeon to reach the pylorus; this will be closed afterwards with stitches under the skin. The stitches will dissolve and will not need removing. A small dressing will cover the wound which can be removed in 3 days. The operation involves cutting some of the muscle fibres of the pylorus to widen the opening to the intestine so that food can pass through. The operation will be done under a general anaesthetic.

## Possible complications

- Wound infections within 3 to 4 days of the operation - if this happens antibiotics will be given to treat the infection.
- Incomplete pyloromyotomy where the muscle needs to be cut further. Your baby's symptoms will return and they will need another operation - this is very rare.
- Perforation of the stomach during the operation - this is usually repaired in theatre but will mean that your baby needs to stay longer in hospital and will need to wait longer to feed whilst it heals.

## After the operation

When your baby comes back to the ward they will have regular observations to make sure they are recovering well from the anaesthetic. They will still have a drip into a vein in the foot or hand on return to the ward. This will stay until they are feeding normally.

The doctor will make a plan on how to build your baby's feeds up slowly, but they may need to stop again if your baby continues to vomit. Once they are on full feeds and recovered from the anaesthetic, they should be able to go home usually after 1 to 2 days but this may be longer.

The nurse will help and advise you if you have any worries or problems with feeding your baby. The nurse will work out how much feed your baby should have for their weight. We will advise that you continue with 3 hourly feeds for about a week, then build back up to child's normal amount.

Your baby may be in some pain; please let the nurse know and we can get them some pain relief.

### What to expect with the wound:

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

### Contact ward 10 for advice or go to the Children's Emergency Department if the wound:

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

### Contact details

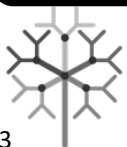
- Your GP, if well you do not need to see GP.
- Ward 10 - 0116 258 5362.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।  
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk)



LEICESTER'S  
RESEARCH ★

Leicester's Hospitals is a research active trust so you may find research happening on your ward or in your clinic. To find out about the benefits of research and become involved yourself, speak to your clinician or nurse, call 0116 258 8351 or visit [www.leicestersresearch.nhs.uk/patient-and-public-involvement](http://www.leicestersresearch.nhs.uk/patient-and-public-involvement)