

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

Children's Hospital

Last reviewed: December 2025

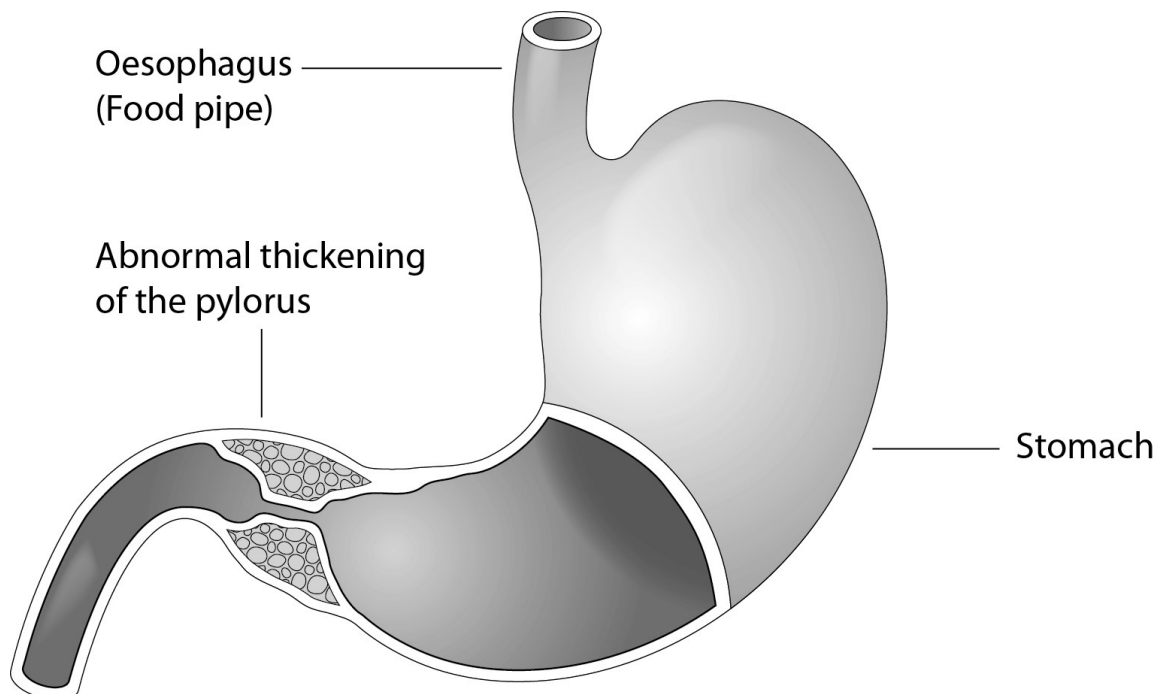
Next review: December 2028

Information for Patients, Parents & Carers

Leaflet number: 1159 Version: 2

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
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 it diagnosed?

The doctor can feel the overgrown pyloric muscle as a small, hard lump on the right side of your baby's tummy. The doctor can feel this better after feeding your baby. 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'. This can help them feel for the lump. We may need to do tests. The doctor may ask for your child to have an ultrasound. This is an X-ray but uses sound waves to make an image. The doctor and nurse will explain any tests your baby may need.

How is it treated?

Pyloric stenosis is treated with a small operation (pyloromyotomy) to relieve the blockage. Your baby likely has been vomiting. They are likely to be dehydrated. 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 helps remove any fluid or trapped air so your baby does not get sick. It will also help to relax the stomach muscle.

The operation will be done under a general anaesthetic. This means your baby will be asleep during the operation. For the operation a small cut in the skin will be made to let the surgeon 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 you can remove 3 days later. In the operation some muscle fibers of the pylorus will need to be cut. This is to make the opening wider to the intestine so that food can pass through.

Possible complications

- **Wound infections** within 3 to 4 days of the operation. We will give your baby antibiotics to treat infection if this happens.
- **Incomplete pyloromyotomy** where the muscle needs to be cut further. Your baby's symptoms will return and they will need another operation. This happens in 1 in 10,000 cases.
- **Hole or tear in the wall of the stomach** during the operation (perforation). This is often repaired in theatre. It will mean that your baby needs to stay longer in hospital and will need to wait longer to feed whilst it heals. This happens in 1 in 10,000 cases.



After the operation

Your baby will have regular observations to make sure they are recovering well from the anaesthetic when they come back to the ward. 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. They may need to stop again if your baby continues to vomit. Once your baby is on full feeds and recovered from the anaesthetic, they should be able to go home usually after 1 to 2 days. 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 you to feed your baby every 3 hours for around 1 week. You will then need to slowly start to feed them their normal amount.

Your baby may be in some pain. Please let the nurse know and they 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

- Contact your GP. If your child is 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 بلغةٍ 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 uhl-tr.equalitymailbox@nhs.net

