



Pyloromyotomy - pyloric stenosis repair

(pie-LORE-oh-my-OT-toe-me)

What is pyloric stenosis?

Pyloric stenosis is the medical term that describes a narrowing of the lower part of the stomach, called the pylorus.

The pylorus connects the stomach with the small bowel (intestine).

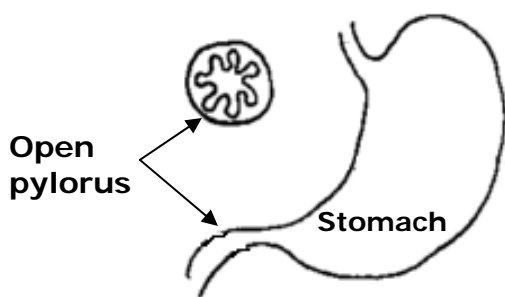
The pylorus becomes narrow when the muscles around it get thicker. Eventually the pylorus becomes blocked and food cannot leave the stomach. This causes vomiting after feeds.

As the vomiting gets worse:

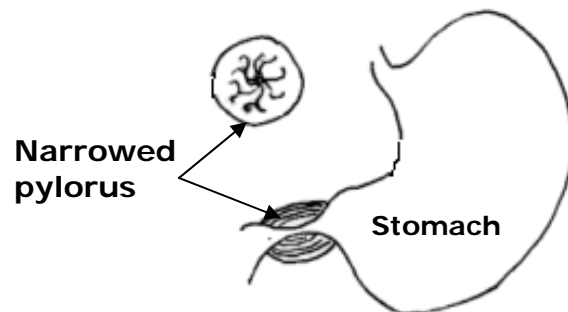
- the vomiting becomes forceful
- the baby may vomit all or most of his or her feeds
- the baby loses weight

The signs of pyloric stenosis are usually seen in babies between 2 and 6 weeks of age, but can appear as late as 4 months of age.

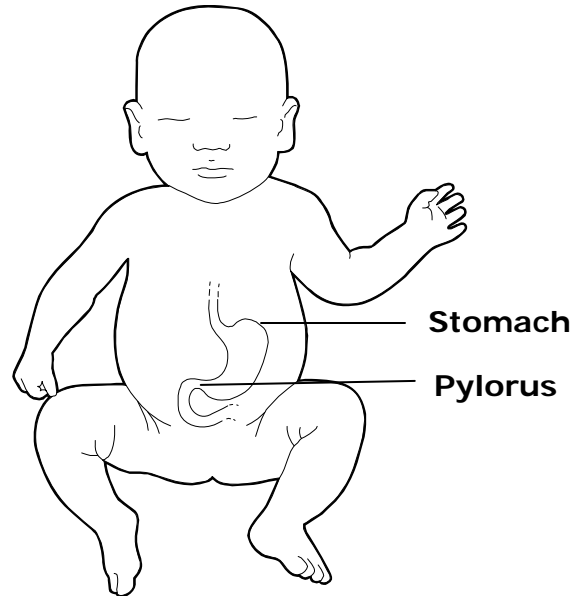
These pictures show a normal pyloric valve and one with pyloric stenosis.



Normal pyloric valve



Pyloric stenosis



What is a pyloromyotomy?

Pyloromyotomy is surgery to repair pyloric stenosis.

Your baby will be given a general anesthetic so that he or she will be asleep during the surgery and not feel any pain. The surgeon will make an incision around the top of the belly button. During surgery the muscles around the pylorus are spread apart to allow passage of food from the stomach.

What happens right after surgery?

Your baby will go to the Post Anesthetic Care Unit (PACU) after surgery. In the PACU your baby will be closely monitored until he or she is fully awake. As soon as possible, the nurse will bring one parent to the PACU to be with your baby.

When he or she is fully awake, you and your baby will go to the children's ward. The nurses on the ward will continue to monitor and care for your baby.

How can I help my baby feel more comfortable?

After your surgery, the amount and type of pain is different for each child.

Your baby may feel mild pain for 1 to 2 days after surgery. He or she may cry, or be fussy and irritable. Do not be afraid to comfort your baby as you would normally by bundling in a favorite blanket, holding, rocking or speaking to him or her. The nurse can give your baby pain medication when needed.

When you go home, the surgeon may give you a prescription for pain medication. If you do not have a prescription, you can give your baby pain medication such as acetaminophen (Tylenol®). Follow the directions on the package for your baby's age and weight.

What can I feed my baby?

Feedings will start slowly. Your nurse will tell you when to start. You may offer your baby water first, then begin to add other fluids such as breast milk or formula. The amounts of fluids may be limited at first and then gradually increased with each feed. Your baby may vomit after surgery, but this will get better quickly.

Your baby will be feeding normally when you leave the hospital. The baby may spit up a small amount, which is normal for some babies.

How do I take care of the incision?

There are small white tapes across the incision. If the tapes have not fallen off after 7 days, gently soak them during a bath and remove them.

Keep the incision clean and dry. You may give your baby a sponge bath for the first 5 days, then he or she may have a full bath. Use a mild soap and no bubble bath. Pat the incision dry after the bath.

What activity can my baby do?

Most activities are allowed except for swim classes, which should be avoided for 10 days. It is best to lift your baby by supporting his or her bottom and head. Do not lift from under the arms as this can pull on the incision and may cause pain.

Your baby will need a follow-up appointment with the surgeon in 1 to 2 weeks after surgery.

When should I call the surgeon?

Call the surgeon right away if you notice that your baby has any of these problems:

- your baby shows signs of being ill or has a fever - a temperature higher than 38.5°C (101.3°F)
- redness, swelling, bleeding or drainage (discharge) from the incision
- the incision opens
- pain that does not go away or seems to be getting worse
- unable to drink as usual or continued vomiting
- fewer wet diapers

Call McMaster Children's Hospital **905-521-2100** and ask for the surgeon's office.

After hours or on weekends, call **905-521-5030** and ask to speak with the Pediatric Surgeon on-call.

If you cannot reach the surgeon, bring your child to the Emergency Department at the McMaster Children's Hospital. If you are not in the Hamilton area, go to the nearest emergency room.

**For questions that are not urgent, please call
you family doctor or pediatrician.**