Pyloric stenosis

POSTOPERATIVE INSTRUCTIONS

JEREMY T. AIDLEN, M.D.
ARLET G. KURKCHUBASCHE, M.D.
CHRISTOPHER S. MURATORE, M.D.
FRANÇOIS I. LUKS, M.D.
THOMAS F. TRACY, JR., M.D.

WHAT HAPPENS AFTER SURGERY?

Once your baby is fully awake and recovered, he will be transferred to his

room. Feeding, first with water (Pedialyte), can be started six hours after the operation. Once your baby is tolerating a normal feeding schedule, you will be allowed to go home. This typically takes 24 to 36 hours. Not uncommonly, your baby will still vomit once in a while, although not as severely as before. In part, this is because the stomach still tries to forcefully squeeze its contents past a pylorus that, hours before, was still tightly closed. It is also possible that your child has reflux, a condition which, in its mild form, is almost always present in infants for the first few months of life.





The wound will require little care. The sutures used are absorbable, and will dissolve in a few weeks. You may feel a knot or even a piece of thread sticking out for several weeks, before it eventually disappears. The area is also covered with a plastic film (collodion), or steri-strips. You should keep the incision dry for at least 3-4 days. After that, the glue or the strips will peel off, and your child can bathe again.

It may be helpful to fold down the edge of the diaper (just like you did when your baby's umbilical cord was still there), to avoid rubbing against the incision.

WHAT'S NORMAL... AND WHAT'S NOT?

WOUND PROBLEMS

There may be some mild redness at the wound, but this should improve within a day or two. There may also be a drop or two of clear fluid. If the redness gets worse, or the wound starts to drain more fluid (particularly if it is cloudy or bloody), you should call us.

PAIN

Your child will have surprisingly little pain beyond the first 1 to 2 days after the operation. Until then, plain acetaminophen (e.g. Infant Tylenol) will be sufficient.

VOMITING

As mentioned, most babies under 6 month have some reflux, and you child may continue to vomit occasionally after the operation because of this. True recurrence of pyloric stenosis is extremely rare. Nevertheless, if your child continues to vomit after every single feeding and appears dehydrated (less than a few wet diapers a day, sunken fontanelle, listlessnes), you should contact us. FEVER

A low-grade fever may still occur for a few days, particularly in the evening. Higher fevers (101° or more) are not normal, and should contact us or your pediatrician

You will be expected to return to your surgeon's office within 2 to 3 weeks after discharge from the hospital. Please call us for an appointment.

Division of Pediatric Surgery - University Surgical Associates 2, Dudley Street, Suite 180 Providence, RI 02905

(401) 421-1939

www.pediatric-surgery.ac