

Pyloric Stenosis

What is pyloric stenosis?

Pyloric stenosis is when the passage between the stomach and small bowel (pylorus) becomes narrow. The passage is made up of muscle, which becomes thicker than usual, causing narrowing of the inside of the passage. This stops milk or food passing out of the stomach into the bowel to be digested. The stomach contracts and the baby vomits.

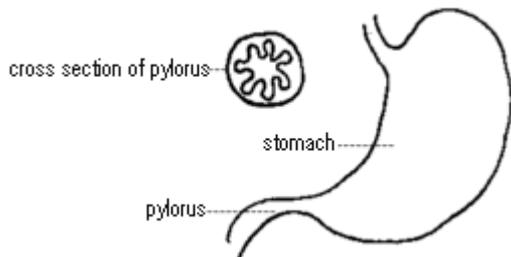


Diagram of a normal stomach and pylorus. The cross section shows a normal pyloric opening.

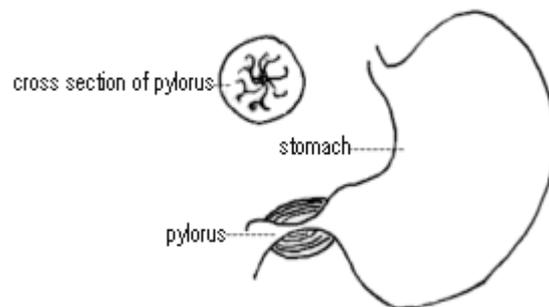


Diagram of a stomach with pyloric stenosis. The cross section shows how the pyloric opening is very narrowed

What causes pyloric stenosis?

Pyloric stenosis has no known cause. There are many theories but no definitive answers. It does tend to affect more boys than girls, and seems to run in families too.

Symptoms of pyloric stenosis

Symptoms of pyloric stenosis generally begin around two to three weeks of age. They include:

- **Vomiting:** Starts with the infant bringing up small amounts of milk after feeding. Over a few days this will worsen until no milk is kept down at all. The vomiting may become so forceful that the milk may be projected a long way out of the infant's mouth. This is called projectile vomiting.
- **Change in stools:** Infants with pyloric stenosis usually have fewer, smaller stools because little or no food is reaching the intestines. Constipation or mucous stools may occur.
- **Dehydration and weight loss:** Dehydrated infants are lethargic and less active than usual. They will develop a sunken "soft spot" (fontanelle) on their heads, sunken eyes and a doughy, softened or wrinkled appearance of the skin on their abdomen and upper parts of their arms and legs. Urine output will decrease therefore they will have fewer wet nappies.



Diagnosis of pyloric stenosis

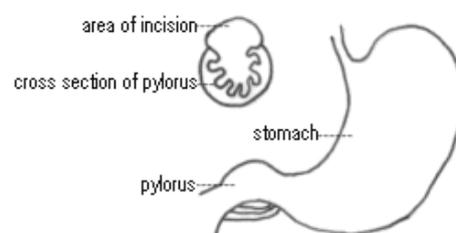
Your doctor will make a diagnosis after a physical examination and getting a full history from you about your baby's feeding pattern and weight.

The physical examination will include a "test feed". Your baby will fast for a few hours so that the stomach is empty. You will then be asked to feed your baby while the doctor feels their abdomen. The thickened pyloric muscle can be felt, especially during feeding, as a small hard lump on the right side of the infant's stomach. The muscles around the stomach can sometimes be seen straining, moving from left to right as they try to push milk through the pylorus. Doctors may refer to this lump as a tumour, this does not mean your baby has cancer. Your infant will require a blood test and most likely an ultrasound of the abdomen.

Treatment of pyloric stenosis

Pyloric stenosis is treated surgically by an operation called a 'Pyloromyotomy'. This involves cutting through the thickened muscles of the pylorus to relieve the obstruction.

Feeding will start slowly. The volume of feed will be limited at first and will be increased with each feed. A few episodes of vomiting over the few days following surgery are common and to be expected but usually resolve quickly with no untoward consequences. Most infants are discharged home 1-2 days after surgery and have no further problems.



The cross section shows how an incision has been made in the muscle, enlarging the pylorus and relieving the obstruction



Government of **Western Australia**
Child and Adolescent Health Service

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