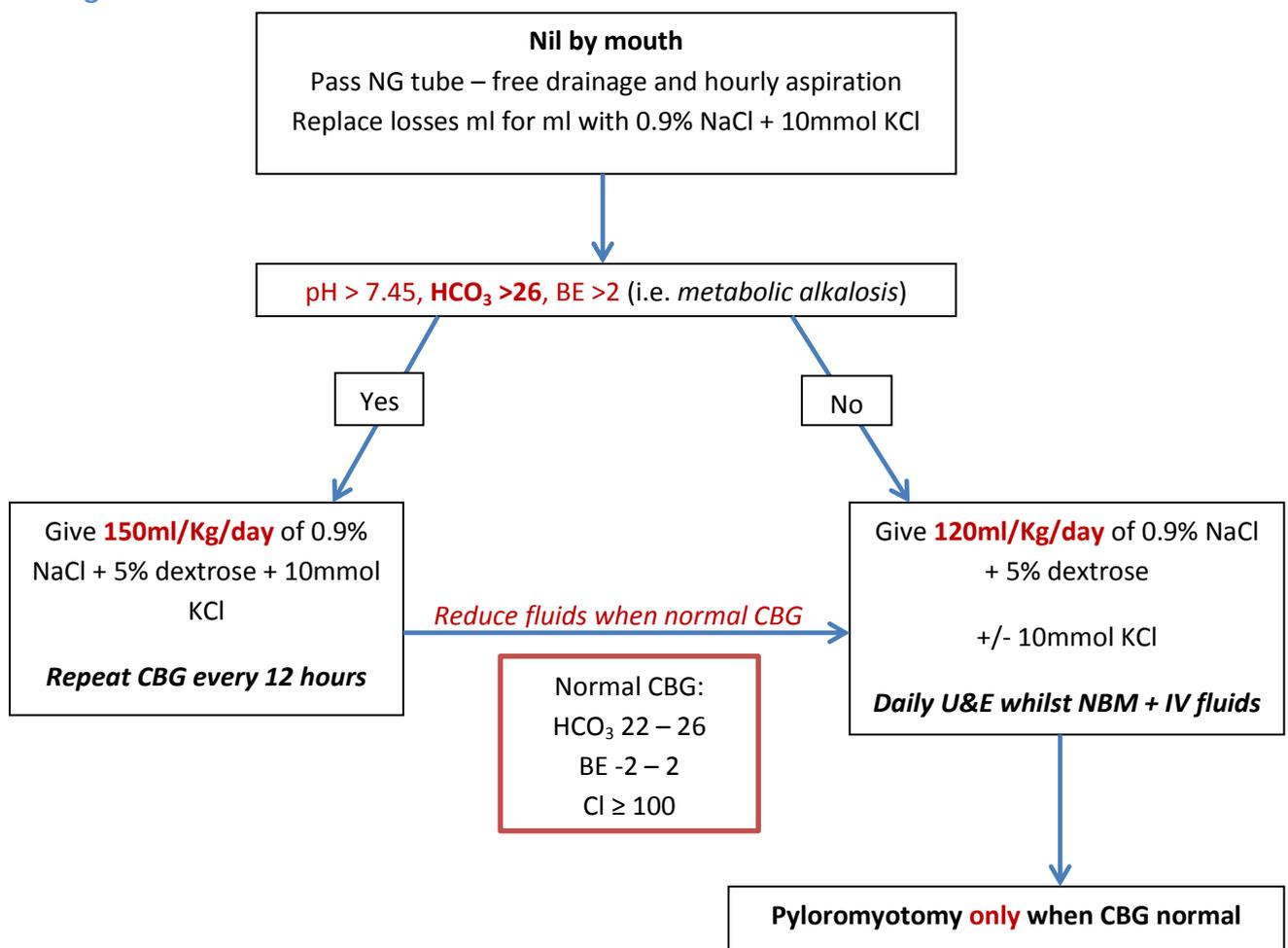


Guidelines for the management of Pyloric Stenosis

Investigations

- Test feed
- Capillary blood gas (CBG): hyponatraemic, hypokalaemic, hypochloreaemic metabolic alkalosis (may be normal)
- Ultrasound abdomen: only needed if clinical diagnosis doubted (diagnostic if muscle thickness >4mm and muscle length >14mm in term baby)

Management



Post-operative

- Remove NG tube at end of operation unless mucosa breached
- IVI 0.9% saline + 5% Dextrose at 120ml/kg/day
- Start 25% normal feed (milk) 6 hrs post op and increase as tolerated
- Reduce IVI fluid as oral intake increases
- Minor vomiting expected for one week post op
- Ready for discharge once tolerated two full feeds (usually 150ml/kg/day) and no other concerns