

Pyloric Stenosis and Pyloromyotomy in Infants Education Plan

Resources for Staff

- HealthyChildren.org
- Mosby's Nursing Consult: Hypertrophic Pyloric Stenosis [Mosby's Nursing Consult Pyloric Stenosis](#)
- MedLine Plus Search pyloromyotomy

Teaching Tools Each of the following are also available in Spanish.

- Epic-More Activities-Reference-Additional Search-Pyloric Stenosis
- Kids Health: Pyloric Stenosis
http://kidshealth.org/parent/medical/digestive/pyloric_stenosis.html
- MedLine Plus Search pyloromyotomy

References

- HealthyChildren.org
- Mosby's Nursing Consult: Hypertrophic Pyloric Stenosis
[Mosby's Nursing Consult Pyloric Stenosis](#)
- MedLine Plus Search pyloromyotomy

Approved by: Bronson Pediatrics Manager, Bronson Education Services
Pediatrics Instructor 4/11/11

Authored by: Susan Stafford, BSN, RN, CPN

Originated: 5/29/2012

Last revision date:

Always close each teaching session with the question,
“What questions do you have for me?”

This page is intended for staff use only. Do not give to the patient. This document
is not a part of the permanent medical record.

Pyloric Stenosis and Pyloromyotomy in Infants Education Plan

Getting Ready to Learn about Pyloric Stenosis and Pyloromyotomy

Learning something new can be hard. The purpose of this education plan is for you and the staff to read over this information together. Here are some good things to tell the staff:

- Who else do you want to learn this information?
- What is the best way for you to learn? Reading, listening, watching or by doing things yourself?
- Tell staff if you cannot focus on learning right now.

This information is important to your baby's health. We may explain something more than once. We will be giving you information in small bits at a time. If there is something you don't understand, it's ok to ask us to explain again.

What I need to learn about Pyloric Stenosis and Pyloromyotomy:

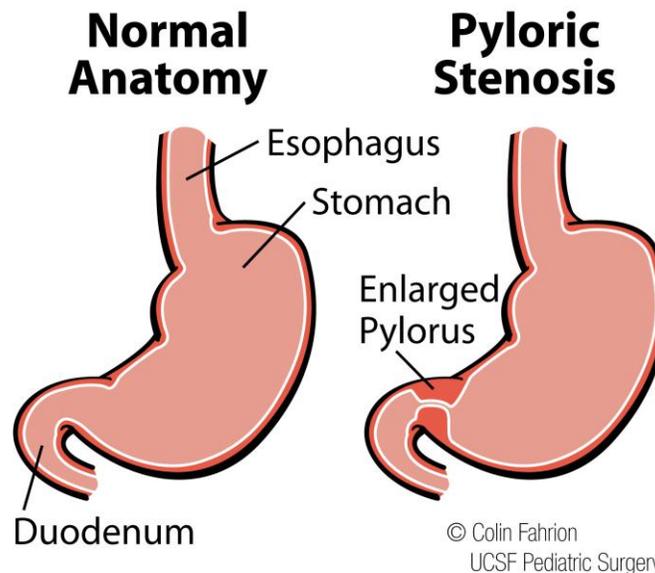
1. I will be able to tell staff about my baby's diagnosis.
2. I will be able to talk about my baby's feedings.
3. I will be able to tell staff how to care for my baby's incision.
4. I will be able to tell staff when I should call my baby's doctor.

The staff will use three questions to teach me about Pyloric Stenosis:

1. What is the main problem?
2. What do I need to do?
3. Why is this important to me?

The staff will ask me to repeat important points in my own words, or ask me to show what I have learned. They want to make sure that I know the information.

What is the main problem?



Food passes from the stomach into the first part of the small intestine through the pylorus. In pyloric stenosis, the pylorus muscle is thickened. This prevents the stomach from emptying into the small intestine.

Pyloric Stenosis is common in babies. Vomiting is the first symptom in most babies. Vomiting may happen after every feeding or only after some feedings. Vomiting is forceful (projectile vomiting). The infant is hungry after vomiting and wants to feed again. Other symptoms may include: always hungry, dehydration (baby looks dry and the number of wet diapers is less). There may be weight loss or my baby is not gaining weight.

Pyloromyotomy is the surgery to widen the opening in the lower part of the stomach (pylorus). In surgery, some of the thick muscle is cut in order to open up the narrow part (stenosis).

What do I need to do?

I will tell staff how I will be feeding my baby at home.

- I will watch for vomiting after feedings.
- I will not feed my baby more than what he/she needs. The doctor or nurse will talk about this with me.

- I will allow enough time to feed and burp my baby.
- I will burp my baby when the bottle is half gone and at the end of the bottle.

I will tell staff how to care for my baby's surgery incision.

- I can give a sponge bath being careful to not soak the incision.
- I will know how much medicine to give my baby to treat pain. I will know how often I can give the medicine.

I will know when to contact my baby's doctor.

- If the incision is red, swollen or warm.
- If there is pus (drainage) or a bad smell coming from the incision.
- If there is more pain at the incision.
- If my baby's temperature is higher than 101.0 degrees.
- If the edges of the incision are coming apart.
- If my baby vomits for more than 3 feedings in a row.
- If my baby has less than 6 wet diapers in 24 hours (1 day).

Why is this important to me?

I want my baby to feel better. I need to know how to care for my baby at home after surgery.

As part of my baby's care, I have received this education plan, Pyloric Stenosis and Pyloromyotomy.