

## **Pyloromyotomy**

### **幽門肥厚性狹窄 - 幽門環肌切開術**

#### **Introduction**

Infantile hypertrophic pyloric stenosis is the most common cause of gastric outlet obstruction in infancy. The aetiology remains poorly understood. Patients usually present at the age of 2 weeks to 2 months with projectile vomiting after milk feeding. The underlying problem is thickened muscles of the pylorus, which cause obstruction of milk from the stomach into the duodenum. Affected babies may suffer from dehydration, electrolytes imbalance, and/ or significant weight loss. Patients need surgery to correct the problem.

#### **The procedure**

This procedure can be done in open or laparoscopic (keyhole surgery) manner. Choice of which would be decided by the surgeons. Patient needs to be put under general anaesthesia.

For open surgery, surgeon would make an incision over the abdomen and identify the pylorus. Pyloric muscle would be incised to relieve the obstruction to stomach. For laparoscopic surgery, 3 tiny incisions (3-5mm) would be made over the abdomen for the operation. It may be converted to open surgery during the operation.

#### **Risk**

1. Leakage at the pyloromyotomy site
2. Inadequate pyloromyotomy (not curing the obstruction)
3. Wound infection
4. Wound bleeding
5. Incisional hernia

#### **Uncommon risks**

1. Intra-abdominal organ injury causing major bleeding
2. Complications from general anaesthesia

**Preparation before the procedure**

Patient may need investigations like ultrasound of the abdomen or other imaging studies for diagnosis. Feeding is stopped once the diagnosis is made. Dehydration and electrolytes imbalance would be corrected by intravenous fluid and electrolytes administration.

**Care after the procedure**

Patient may still vomit in the next few days after the operation, but the vomiting will decrease in severity with time. Patient can usually resume feeding after operation. Doctors would increase the feeding pattern according to patient's condition.

**Follow up**

Patient can usually be discharged from hospital few days after operation and be followed up in out-patient.

**Remarks**

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information, please contact your doctor.