



DUODENAL ATRESIA

What is duodenal atresia?

Duodenal atresia (DA) is a birth defect. It is a blockage which affects the first part of the small intestine. An infant with duodenal atresia is born without a connection between the first and second parts of the intestines (duodenum and jejunum). An infant with this defect cannot move food through the intestines.

Who gets duodenal atresia?

Duodenal atresia is suspected in the case of any pregnant woman who develops polyhydramnios (excess amniotic fluid).

How is DA diagnosed?

DA may be diagnosed with the finding of a “double bubble” of fluid and air in the stomach and duodenum on prenatal ultrasound. After birth, the baby’s symptoms include vomiting and feeding intolerance. An abdominal x-ray of the baby will reveal the “double bubble”. Additional X-rays may be taken to look for other problems with the intestine.

How is the decision made that surgery is needed?

Since there is no way for food to get through the intestines, all infants with duodenal atresia require surgery.

What can I expect from surgery?

Prior to surgery an oro/nasogastric tube(OG or NG tube)--a tube which goes through the mouth or nose into the stomach will be passed and placed to suction to empty your infant’s stomach. An incision is made in the right upper quadrant of the abdomen so that the surgeon can examine your infant’s stomach and duodenum. The surgeon will identify the end of the duodenum with the obstruction, open it up and then connect it to the other end of the duodenum or jejunum beyond the obstruction. The incision will be closed and will be covered with a dressing. Your infant will receive fluids via an IV and have an OG/NG tube to suction. S/he will not be able to eat until bowel function returns. Passing gas and stool along with decreased volume of drainage from the NG tube show that bowel function is present. This usually takes 3-5 days. Pain medications and antibiotics will be given after surgery.

When will my infant be able to go home?

Your infant will be ready to go home when there is no fever and the infant is tolerating full feedings without vomiting. A small amount of vomiting immediately after the removal of the NG tube is normal.

How much time should I plan off work?

An infant with duodenal atresia and no other birth defects or complications should expect a 2-4 week hospital stay.

What care is needed at home after surgery?

Diet: Advance your baby's feedings as instructed by your surgeon.

Care of the incision: Once the dressing is removed, let the reinforced sticky strips over the incision come off on their own

Activity: Normal for age

Bathing: You may sponge bathe your baby, but do not get the incision under water for 1-2 weeks

Medication: Oral Tylenol should be all you need for pain relief once your baby is home

What should I call the surgery team for?

Your infant develops a fever greater than 101 F/

Has fewer wet diapers than usual

Is vomiting (especially if it is green)

Develops abdominal swelling and is not passing stool

Develops redness or drainage from the incision.

What should I call my pediatrician for, and when should we see him/her?

See the pediatrician within one week of discharge.

When can my child return to school or daycare?

Your infant may go to daycare at the end of your maternity/family leave as long as the infant is feeding well and gaining weight.

What are the long-term consequences?

There is a slight chance that your infant might have a bowel obstruction in the future due to adhesions (scarring in the abdomen after surgery).

Will this affect growth and development?

Your infant should tolerate normal advances of diet for age and should and grow. Growth and development may be affected if there is a prolonged hospitalization

Is there anything else I need to know to care for my child?

Duodenal atresia may be associated genetically with Trisomy 21. Infants with Trisomy 21 (Down's Syndrome) may also have a congenital heart defect. Genetic testing and a cardiac ECHO may be part of your infant's workup.

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