



## **INTESTINAL ATRESIA**

### **What is intestinal atresia (IA)?**

Intestinal atresia is a birth defect. An infant with intestinal atresia is born with a disconnection, severe narrowing or blockage somewhere in the intestine. An infant with this defect cannot move food through the intestines.

### **Who gets intestinal atresia?**

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

### **How is intestinal atresia diagnosed?**

The baby's symptoms include vomiting which may be green and/or feeding intolerance. In some types of IA, an abdominal x-ray of the baby will reveal a "double bubble" of fluid and air in the stomach and first part of the intestine. Other types of IA will show X-rays with no air in the intestine. Additional X-rays and dye may be used for diagnosis.

### **How is the decision made that surgery is needed?**

Since there is no way for food to get through the intestines, all infants with intestinal 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 to empty your infant's stomach. An incision will be made in the right upper quadrant of the abdomen and the surgeon will examine your infant's stomach and intestines. The surgeon will identify the part or parts of the intestines with the problem, correct obstructions and create an open path through the intestine. The incision will be closed and will be covered with a dressing. Your infant will receive fluids via an IV (small tube in a vein) and have an OG/NG tube. S/he will not be able to eat until the bowel starts working. Passing gas and stool along with decreased volume of drainage from the NG tube show that this is happening. This usually takes 3-5 days. Pain medications and antibiotics will be given through the IV 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 intestinal atresia and no other birth defects or complications should expect a 2-4 week hospital stay.

**What kind of 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. Keep the incision clean and dry.

*Activity limitations:* Your baby may have quiet play and no roughhousing.

*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?**

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?**

Some kinds of intestinal 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 hospital evaluation.

*Please reproduce and distribute this sheet to your surgery families. This teaching sheet can also be downloaded at [www.APSNA.org](http://www.APSNA.org).*

*Copyright 2006, Kelli B. Young. Copied with permission by Jones and Bartlett Publishers, Sudbury, MA."*