



INTUSSUSCEPTION

What is intussusception?

Intussusception is a condition where a section of bowel telescopes into a section of bowel right next to it causing an obstruction or blockage of the bowel. Sometimes blood vessels or the bowel tears when this happens.

Who gets intussusception?

Intussusception can happen at any age but it is more common in children under the age of three.

How is intussusception diagnosed?

Intussusception is diagnosed through a combination of history, physical examination, and X-ray studies. There is often a history of stomach discomfort and swelling, constipation and blood passed through the anus. A barium enema is done. This is an X-ray test where barium, a thick, white fluid that shows up on X-ray is put into the bowel. The barium will show that one part of the bowel is inside another part. Often putting barium in the bowel will force the telescoped piece of bowel out. This is called "reducing" the intussusception. Some doctors put air into the bowel instead of barium.

How is the decision made that surgery is needed?

Surgery is needed if the barium enema does not reduce the intussusception, if there is a tear in the bowel or the bowel blood vessels, or if an intussusception that was corrected with a barium or air enema happens again.

What can I expect from surgery?

If the intestine is not torn the surgeon will secure the bowel so the telescoping cannot happen again. If part of the intestine is damaged and has to be removed, your child will have to stay in the hospital. It will be several days before the bowel works and your child can eat and drink normally again.

When will my child be able to go home?

When the intestines are working properly and your child can eat and drink, and is comfortable on pain medicine taken by mouth, s/he will be able to go home.

How much time should I plan off work?

Your child will need 3-5 days of supervised quiet time at home if the intussusception can be fixed with a barium enema. If surgery is needed, your child will be in the hospital 3-5 days and will need a week of supervised quiet time at home.

What care is needed at home after surgery?

Care of the incision: Your surgery team will tell you how to take care of your child's incision. They will want you to keep it clean and dry.

Bathing: Sponge bathe your child until your surgeon says s/he may have a tub bath

Activity: Quiet, supervised activity to protect the incision from falls

Medication: Give pain medicine as needed to keep your child comfortable.

Diet: Some children are nauseated after surgery. This is normal. Give frequent, small amounts of clear fluids.

What should I call the surgery team for?

A temperature over 101F.

Drainage or increasing pain at the incision site.

If your child begins to show the same symptoms as before.

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

Contact your pediatrician and let them decide if you should be seen in their office after discharge.

When can my child return to school or daycare? Will I need a note to excuse him/her from PE?

As soon as your child is comfortable enough to make it through the day and is eating and drinking normally s/he can return to school. Ask us for a note to excuse your child from PE if surgery was performed. They should not have PE or play contact sports for a month.

What are the long term consequences?

There should be no long term consequences.

Will this affect growth and development?

No.

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

If the intussusception was fixed with an enema, watch your child carefully for signs of recurrence. This would usually happen within the first 2 weeks after the first event.

Please reproduce and distribute this sheet to your surgery families. This teaching sheet can also be downloaded at www.APSNA.org.

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