	Document Scope: Departmental	
	Document Type: Clinical Practice Guideline Approved on 2021-09-14 Next Review Date: 2023-09-14	
	Hypertrophic Pyloric Stenosis Care Pathway	Version: 2


1.0 Introduction

1.1 Target Population:

- This pathway is for use with children aged 2-8 weeks old with no underlying disease or comorbidity who have been diagnosed with hypertrophic pyloric stenosis by the General Surgery Team who require open or laparoscopic pyloromyotomy.
- Patients are to be removed from this pathway if there are significant postoperative complications for example bowel obstruction or prolonged TPN; or a change in diagnosis.

1.2 Target users:

- Surgeons, medical trainees (residents and fellows), Nurse Practitioners, and bedside nurses.

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2.0 Guideline

Hypertrophic Pyloric Stenosis Care Pathway		Expected Date of Discharge:	
	PRE-OPERATIVE	RECOVERY	DISCHARGE
GOALS	<ol style="list-style-type: none"> 1. Hydration maintained 2. Electrolyte correction 3. Patient prepared for OR 4. Child and family to complete pre-op bath (wipes provided upon arrival); Refer to procedure document 	<ol style="list-style-type: none"> 1. Afebrile with vital signs stable 2. Adequate pain control 3. Begin feeding as tolerated 4. Incision intact and no drainage 	<ol style="list-style-type: none"> 1. Afebrile 2. Adequate pain control 3. Ambulating 4. Able to tolerate diet 5. Incision dry and intact 6. Child/ caregiver teaching completed 7. Family understands discharge teaching
PHYSICAL EXAM	<ul style="list-style-type: none"> • Obtain history • Complete physical exam • Obtain weight and height • Assess vital signs • Complete pain assessment (refer to Pain Assessment Guidelines) • Obtain in and out 	<ul style="list-style-type: none"> • Complete pain assessment every 4 hours • Ensure child has adequate pain control (refer to Pain Management Guidelines) • Monitor vital signs as per BPews • Obtain accurate in and out • Complete wound assessment • Obtain daily weights • Remove surgical dressing and leave steristrips 	
DIET & IV FLUIDS	<ul style="list-style-type: none"> • Ensure NPO • Set NG tube to low intermittent suction • Administer D5W/0.9 NaCl with 20mmol KCL/L at maintenance • Bolus as indicated • Refer to Fluid and Electrolyte Guidelines 	<ul style="list-style-type: none"> • Administer D5W/0.9 NaCl with 20mmol KCL/L at maintenance until adequate fluid intake • Bolus as indicated • Refer to Fluid and Electrolyte Guidelines • Initiate feeds 2 hours post-op or when child is alert (full strength formula or breast milk); obtain pre-post weight; ideal volume feed based on 150 mL/Kg/day • If child tolerating feeds, continue towards goal of ideal volume feed (breast feed or formula every 3 hours); and continue until discharge • If child <u>not</u> tolerating feeds (if vomit >25% of ideal feed volume), wait 1 hour and repeat • Refer to feeding algorithm 	
LABS & MEDICATION	<ul style="list-style-type: none"> • Complete CBC and differential • Order electrolytes (K⁺, Cr, Na⁺, VBG, urea, creatinine) 	<ul style="list-style-type: none"> • Complete labs as indicated • Ensure adequate pain control • If pain/fever, administer Acetaminophen as indicated • If signs of wound infection, assess need for antibiotics (refer to formulary) 	<ul style="list-style-type: none"> • Provide prescription for oral antibiotics if indicated
EDUCATION	<ul style="list-style-type: none"> • Provide caregiver education i.e. diagnosis is not a surgical emergency and that child may have to wait for surgery; and review pre-operative process • Review and obtain informed consent for surgery 	<ul style="list-style-type: none"> • Review incision care: leave steristrips in until they fall off or remove after 10 days; and gently wash incision with soap and water • Review signs and symptoms of wound infection: fever, redness around incision. Drainage from incision, and increasing pain around incision • Review bathing i.e. may bathe 48 hours after surgery 	<ul style="list-style-type: none"> • Review when to call surgeon's office: wound infection, increase in vomiting from baseline, and fever


Printable versions of:

[Hypertrophic Pyloric Stenosis Pathway](#)
[Post-op Feeding Algorithm](#)

3.0 References

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4.0 Guideline Group and Reviewers

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Attachments:

[py stenosis final 2019.pdf](#)

[Pyloric Stenosis Post-op Feeding Algorithm.pdf](#)