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.
### 2.0 Guideline

#### Hypertrophic Pyloric Stenosis Care Pathway

<table>
<thead>
<tr>
<th></th>
<th>Pre-Operative</th>
<th>Expected Date of Discharge</th>
<th>Recovery</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOALS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Hydration maintained</td>
<td>1. Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Electrolyte correction</td>
<td>2. Adequate pain control</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Patent prepared for OR</td>
<td>3. Analgesia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Child and family to complete pre-op bath (wipes provided upon arrival)</td>
<td>4. Able to tolerate diet</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refer to procedure document</td>
<td>5. Invasion dry and intact</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Child caregiver teaching completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Family understands discharge teaching</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Physical Exam

- Obtain history
- Complete physical exam
- Obtain weight and height
- Assess vital signs
- Complete pain assessment (refer to Deep Assessment Guidelines)
- Obtain in and out

- Complete pain assessment every 4 hours
- Ensure child has adequate pain control (refer to Pain Management Guidelines)
- Monitor vital signs as per IPEs
- Obtain accurate in and out
- Complete wound assessment
- Obtain daily weights
- Remove surgical dressing and invasive wires

#### Oral Feeds

- Ensure NPO
- Set NG tube to low intermittent suction
- Administer D5W/0.9 NaCl with 20mm KCL at maintenance
- Doses as indicated
- Refer to Fluid and Electrolyte Guidelines
- Initiate feeding 2 hours post-op when child is alert (but strength formula or breast milk), obtain post-op weight, ideal volume food based on 150 mL/kg/day
- Child tolerating feed, continue toward goal of ideal volume feed (breast feed or formula every 3 hours) and continue until discharge
- Child not tolerating feeds (if (0% of ideal volume feed), wait 14-24 hours and repeat
- Refer to feeding algorithm

#### Labs & Medication

- Complete CBC and differential
- Order electrolytes (K+, Ca++, Na+, VBG, crea, creatinine)
- Complete labs as indicated
- Ensure adequate pain control
- If patient/child Achlorhydria or indicated
- If signs of wound infection, assess need for antibiotics (Refer to r.
- Immunology
- Review incision care: Leave steristrip 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

- Provide prescription for oral antibiotics if indicated
- Review when to call surgeon’s office: wound infection, increase in vomiting from baseline, and fever

#### Education

- 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
- Review incision care: Leave steristrip 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

#### Printable versions of:

**Hypertrophic Pyloric Stenosis Pathway**

**Post-op Feeding Algorithm**

### 3.0 References


©The Hospital for Sick Children ("SickKids"). All Rights Reserved. This document was developed solely for use at SickKids. SickKids accepts no responsibility for use of this material by any person or organization not associated with SickKids. A printed copy of this document may not reflect the current, electronic version on the SickKids Intranet. Use of this document in any setting must be subject to the professional judgment of the user. No part of the document should be used for publication without prior written consent of SickKids.
4.0 Guideline Group and Reviewers

Guideline Group Membership

1. Monping Chiang, NP General Surgery
2. Dina Prajapati, NP General Surgery
3. Anna Polanski, NP General Surgery
4. Julia Smallman, NP General Surgery
5. Irina Pashynskyy, NP General Surgery

Internal Reviewers

1. Jacob Langer MD

Attachments:

py stenosis_final_2019.pdf

Pyloric Stenosis Post-op Feeding Algorithm.pdf