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.
Hypertrophic Pyloric Stenosis Care Pathway

### 2.0 Guideline

#### Expected Date of Discharge:

**Discharge**
- 1. Activity
- 2. Adequate pain control
- 3. Ambulating
- 4. Able to tolerate diet
- 5. Incontinence dry and intact
- 6. Child caregiver teaching completed
- 7. Family understands discharge teaching

**Recovery**
- 1. Complete pain assessment every 4 hours
- 2. Ensure child has adequate pain control (refer to Pain Management Guidelines)
- 3. Monitor vital signs as per SBP
- 4. Obtain accurate in and out
- 5. Complete wound assessment
- 6. Obtain daily weights
- 7. Remove surgical dressing and incision dressings

**Pre-operative**
- 1. Hydration maintained
- 2. Electrolyte correction
- 3. Patent prepared for OR
- 4. Child and family to complete pre-op bath (wipes provided upon arrival), refer to procedure document

### Physical Exam

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

#### Post-operative

- Ensure NPO
- Set NG tube to low intermittent suction
- Administer D5W 9Nal 200mL KCl/NaCl at maintenance until adequate fluid intake
- Administer D4W 0.9Nal 200mL KCl
- Initiate fluids after surgery
- Review incision care

### Lab & Medication

- Complete CBC and differential
- Order electrolytes (K+, Ca, Na+, B&I, urea, creatinine)

#### Education

- Provide care plan education i.e. diagnosis is not a surgical emergency and that child may have to wait for surgery and review pre-operative plan
- Review and obtain informed consent for surgery
- Review incision care: keep sterile dressings in place for 5 days and gently wash incision with soap and water
- Review signs and symptoms of wound infection: fever, redness around incision, drainage from incision, increasing pain around incision
- Review dressing i.e. may leave 48 hours after surgery

Printable versions of:

- Hypertrophic Pyloric Stenosis Pathway
- Post-op Feeding Algorithm

#### 3.0 References

4.0 Guideline Group and Reviewers

Guideline Group Membership

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2. Dina Prajapati, NP General Surgery
3. Anna Polanski, NP General Surgery
4. Julia Smallman, NP General Surgery
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Internal Reviewers

1. Jacob Langer MD

Attachments:

py stenosis_final_2019.pdf

Pyloric Stenosis Post-op Feeding Algorithm.pdf