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>Pre-Operative</th>
<th>Recovery</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOALS</strong></td>
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<td><strong>PHYSICAL EXAM</strong></td>
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<tr>
<td>1. Ensure NPO 2. Set NG tube to low intermittent suction 3. Administer D5W 0.9% NaCl with 20mEq KCL at maintenance 4. Doses as indicated</td>
<td>1. Administer D5W 0.9% NaCl with 20mEq KCL at maintenance until adequate fluid intake 2. NPO as indicated</td>
<td>1. Provide prescription for oral antibiotics if indicated</td>
</tr>
<tr>
<td><strong>LABS &amp; DIAGNOSIS</strong></td>
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<tr>
<td>1. Complete CBC and differential 2. Order electrolytes (K, Cl, Na, VBG, urea, creatinine)</td>
<td>1. Complete labs as indicated 2. Ensure adequate pain control 3. If patient: administer acetaminophen as indicated 4. If signs of wound infection, assess need for antibiotics (refer to clinical pathway)</td>
<td>1. Review when to call surgeon's office: wound infection, increase in wound erythema or drainage, fever</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
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<tr>
<td>1. Review incision care: leave stitches in until they fall off or remove after 10 days, and gently wash incision with soap and water 2. Review signs and symptoms of wound infection: fever, redness around incision, drainage from incision, and increasing pain around incision 3. Review bathing i.e. may bathe 48 hours after surgery</td>
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</table>

**Expected Date of Discharge:**

<table>
<thead>
<tr>
<th>Pre-Operative</th>
<th>Recovery</th>
<th>Discharge</th>
</tr>
</thead>
</table>

### 3.0 References


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9. Children's Hospital Central California Pyloric Stenosis Surgical Pathway
10. University of Maryland Medical Systems Physician Order Sheet – Pyloric Stenosis

### 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](py stenosis_final_2019.pdf)
- [Pyloric Stenosis Post-op Feeding Algorithm.pdf](Pyloric Stenosis Post-op Feeding Algorithm.pdf)