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>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Obtain history</td>
<td>1. Obtain medications</td>
<td>1. Activities</td>
</tr>
<tr>
<td>2. Complete physical exam</td>
<td>2. Complete blood work</td>
<td>2. Adequate pain control</td>
</tr>
<tr>
<td>3. Obtain weight and height</td>
<td>3. Check for ileus</td>
<td>3. Antacid use</td>
</tr>
</tbody>
</table>

**PHYSICAL EXAM**

- Ensure NPO
- Set NG tube to low intermittent suction
- Administer D5W 0.9% NaCl with 20mm KCL at maintenance fluid rate
- Refer to **Fluid and Electrolyte Guidelines**

**POST-OP FEEDING**

- Administer D5W 0.9% NaCl with 20mm KCL at maintenance fluid rate
- Refer to **Fluid and Electrolyte Guidelines**
- Initiate 2 hours post-op when baby is alert
- Gradually increase fluid intake as tolerated
- Provide prescription for oral antibiotics if indicated

**ADMISSION**

- Complete CBC and differential
- Order electrolytes (K+, Cl+, Na+, VBG, urea, creatinine)
- Complete labs as indicated
- Ensure adequate pain control
- Review when to call surgeon's office: wound infection, increase in wound erythema, fever

**EDUCATION**

- Review incision care: leave suture 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, increasing pain around incision
- Review bathing i.e. may bathe 48 hours after surgery

**Expected Date of Discharge:**

1. Activities
2. Adequate pain control
3. Antacid use
4. Able to tolerate diet
5. Inconspicuous and intact
6. Child caregiver teaching completed
7. Family understands discharge teaching

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**Printable versions of:**

- Hypertrophic Pyloric Stenosis Pathway
- Post-op Feeding Algorithm

### 3.0 References

4.0 Guideline Group and Reviewers

Guideline Group Membership

1. Monping Chiang, NP General Surgery
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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