

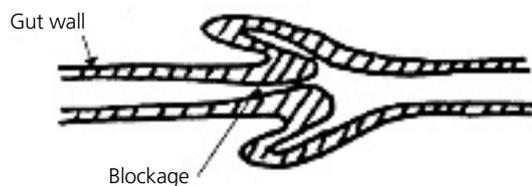
Child health information factsheet

Intussusception

Your child has been admitted to hospital with a suspected intussusception. This information is to help you understand why your child is unwell and what treatment is available.

Intussusception is a totally curable condition. The cause is generally unknown. It usually happens in babies aged between three and 24 months.

One part of the gut slides forward and becomes stuck within the next section of gut – like one part of a telescope sliding into another.



The blood supply to the affected part of the gut is reduced. The gut swells and may become blocked.

The reason this is making your child unwell

- Normally food and drink are pushed along the gut by a series of muscle contractions
- Even though there is a blockage, these contractions continue, pushing more gut into the blocked area instead of food
- This is very painful and your child may cry, pull up their knees and are often inconsolable
- When the gut stops contracting, your child will settle, often exhausted by the episode of pain
- Food, fluid and wind collect in the stomach and gut above the blockage. This will make your child's tummy look swollen and most children are usually sick
- The gut may bleed where it is blocked, blood and mucus is passed into the nappy, this can look like redcurrant jelly
- Due to the vomiting, bleeding and swelling, children with intussusception quickly become dehydrated. Your child may look very pale and sleepy.

Diagnosis

Various tests will be carried out to confirm why your child is unwell and these include:

- Examination by the doctor
- Blood tests
- Tummy x-rays
- Ultrasound scan (like pregnant mothers have).

Treatment

On admission your child's condition will be assessed and treated.

- The nurse will monitor your child's condition by regularly recording their pulse, breathing rate, blood pressure and temperature
- Fluid will be given through a cannula (a small plastic tube put into a vein) to stop dehydration
- Your child will not be able to have anything to eat or drink
- Antibiotics will be given into the cannula to prevent infection
- To stop the vomiting, a small tube will be passed through the nose and into the stomach. The stomach contents will then pass up the tube rather than being vomited
- Medicine to reduce the pain may be given
- When the doctors are satisfied with your child's condition a scan will be done.

There are two ways of treating this problem and the surgeon will decide which would be the best for your child:

1. Air enema

This is carried out in the children's x-ray department following you signing a consent form. Air is put into the gut through a small tube placed in your child's bottom. The air, using gentle pressure, can push the telescoped part of gut back into place, clearing the blockage. Parents are not allowed in the room during this procedure.

If this is successful your child will return to the ward and be allowed to feed within a few hours. If your child continues to stay well, they will be discharged in 24 to 48 hours.

When the air enema does not cure the intussusception, an operation is needed.

2. Surgical correction

The operation will be done under a general anaesthetic (medicine given to make you go to sleep). This is done through a cut made in your child's tummy and the surgeon will gently pull the telescoped part of the gut back into place, clearing the blockage.

If the gut is badly damaged it may be necessary to remove the swollen section of gut and join the ends together. Sometimes the appendix is also removed. The surgeon will tell you if this has been done. The wound will be stitched on the inside of the skin with dissolving stitches. The wound may be covered with a clear dressing.

On return to the ward your child will be nursed in the high care area.

The gut will not work normally for 24 to 48 hours and during this time your child will not be able to eat or drink. Fluid will be given through the cannula and the nose tube will stop the feeling of sickness.

Drinks will be given to your child once the gut has started working (usually when less fluid is coming up the nose tube and gurgles can be heard in the tummy).

Following the operation, pain relief will be given to help prevent discomfort.

When your child is eating and drinking without problems and has had a bowel movement, they will be able to go home.

Going home

Intussusception can occur again. This will be obvious to you as the same symptoms develop. This can happen at any time up to the age of about two years. The treatment is just the same. In most cases intussusception does not happen again, the gut returns completely to normal and there is no need for any specific precautions or diet. There is no increased risk of intussusception in other children in the family.

Your child's health visitor will be informed of the admission to hospital. Please ask the nurse caring for your child to fill in your child health record book.

At home

The following advice will help you care for your child at home following the operation.

- Some discomfort is normal. Medicines for pain such as paracetamol can be given
- To allow the wound to heal, do not bath your child for five days after the operation. The dressing can then be removed. The wound will look pink for several weeks. This is normal, but if it becomes red, swollen and painful to touch or pus can be seen, please contact your GP
- Energetic play should be discouraged for two to four weeks
- You may be sent an outpatients appointment to see the consultant.

Risks

Any risks involved will be explained to you in full when you consent to this procedure.

If you have any questions or concerns please contact

G4 surgery ward: **023 8079 6718**

If you need a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone 023 8079 4688 for help.