

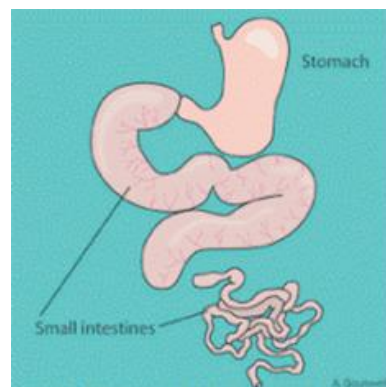
Ward 1C Neonatal Surgical Unit

Small Bowel Atresia

Information for Parent/Carers

What is Small Bowel Atresia (SBA)?

This means that a part of the small bowel is blocked off rather than it being like an open tube. The blockage stops food and fluid passing from the stomach into the bowel (shown in the picture below).



https://www.networks.nhs.uk/nhs-networks/staffordshire-shropshire-and-black-country-newborn/documents/Small_Bowel_Atresia.pdf

What Causes SBA?

SBA is not caused by anything you may or may not have done during pregnancy. Small bowel atresia is a rare condition and occurs in about one in 5000 births. It is not normally associated with other problems such as chromosomal abnormalities.

How is SBA Diagnosed?

SBA can sometimes be discovered during pregnancy on an antenatal ultrasound scan. Some babies with this condition are born prematurely. Many babies appear well at birth but when they start to feed, they are sick and their vomit is green. An X-ray can confirm this diagnosis. If the condition is identified during pregnancy then you will be referred to a surgical and neonatal team, so that they can meet with you and discuss the options for treatment after birth.

Ideally you will be able to go ahead with a normal vaginal delivery between 38 and 42 weeks. A caesarean section is only needed if there are specific problems that require this. This will be discussed with you if necessary.

What are the Early Signs of SBA?

- Your baby may start to vomit which may be bile stained (green).
- Failure to pass meconium/poo within the first 24-48hrs.
- Your baby's abdomen/tummy may become distended/large.

Treatment and Care after Delivery and if SBA is Suspected

- To begin with, your baby will be nursed in an incubator and will have a nasogastric (NG) tube passed through his or her nose into the stomach. This will drain off the contents of the stomach and stop your baby feeling and being sick. It also releases any excessive air from the stomach, which could make your baby uncomfortable. He or she will also have an intravenous infusion (drip) of fluids. Milk feeds will be stopped.
- Your baby should then be safe and stable and can be transferred to a surgical unit at a convenient time. Although your baby cannot take milk at this time, if you plan to feed your baby breast milk later on (either by breast-feeding or by bottle) you should start expressing breast milk within 6 hours of birth. The nursing staff on the unit where your baby is will be able to show you how to express and store your milk and arrange for you to have access to a breast pump. Providing breast milk for your baby supports in overcoming the challenges they face whilst in intensive and special care.

What does the Operation Involve?

Small bowel atresia is repaired in an operation under general anaesthetic (so your baby is asleep). The surgeon will cut the blind end of the bowel (which causes the blockage), and connect it to the rest of the bowel. This is called an anastomosis and makes the bowel become a continuous tube for milk feeds to flow through your baby's stomach to the bowel. Surgery is the only way to treat this condition. SBA always requires treatment to allow your baby to feed. The surgeon will explain about the operation in more detail and discuss any worries you may have.

Sometimes it is not possible or safe to join the two ends of the bowel together during the same procedure. If this is the case, the surgeon may bring the end of the bowel to an artificial opening (Stoma) in the abdomen to form an ileostomy/or jejunostomy.

Are there any Risks with this Surgery?

The surgeon will explain about the operation in more detail, discuss any worries you may have and ask you to sign a form giving consent or E consent for your child to have the operation. An anaesthetist will also visit you to explain about the anaesthetic and discuss pain relief for your baby.

All the doctors who perform this operation have had lots of experience and will minimise the chance of problems occurring.

Are there any Alternatives to Surgery?

Small bowel atresia always requires an operation to allow your baby to feed.

After Surgery

Your baby will come back to the ward in the incubator to recover, and you will be able to visit as soon as he or she is back on the unit. All babies are closely monitored after the operation, and so your baby will be connected to monitors to check his or her breathing, heart rate and oxygen levels. He or she will also be given pain relief through the intravenous infusion (drip).

While your baby's bowel recovers and start to work, he or she will be fed through a tube into his or her veins (this is known as parenteral nutrition or PN). Your baby may have mouth care with breast milk even though milk is not been given as feed. The PN will gradually be replaced by milk, given through the naso-gastric tube when your baby is able to tolerate this.

As your baby recovers, you will be able to feed him or her by mouth, ideally from the breast. Overtime, the drips and monitors will be removed one by one. The nurses on the ward will encourage you to look after your baby and support along the way.

You may feel anxious, especially while your baby is connected to drips and monitors, but it will become easier with time. If you are worried about caring for your baby, please talk to the nurses. You will be able to go home or be transferred back to your local hospital once your baby is feeding properly and gaining weight. Your local health visitor or community paediatric nurse will visit you regularly. Your baby will need to be seen again by the surgeon after discharge to check that everything is okay, and a letter will be sent out to you in the post to tell you when the clinic appointment will be.

At Home what to Watch Out for?

1. Your baby has a high temperature of 37.5°C or higher, and paracetamol does not bring it down.
2. Your baby is not keeping any fluids down or has signs of dehydration.
3. If your baby is vomiting green.
4. If your baby is not urinating as often as usual (decreased wet nappies).
5. Your baby is in a lot of pain and pain relief does not seem to help.
6. The operation site is red or inflamed, and feels hotter than the surrounding skin.
7. There is any oozing from the operation site.
8. If your baby appears lethargic and more sleepy than usual.

What does the Future hold for my Baby with Small Bowel Atresia?

If there is a lot of healthy bowel, the outlook is very good. For some babies it can take weeks or months for the bowel to return to normal function. Sometimes parts of the bowel need to be removed and so the bowel is shorter than normal.

Contact:

If you have any concerns or worries about your baby once you are home you can call the Neonatal Surgical Unit and one of our Nurses will be happy to give you advice and reassurance.

Neonatal Unit 1C Yellow Pod

Tel:0151 252 5378

Other Useful Contacts

Bladder and Bowel UK, part of the charity Disabled Living

Provides qualified impartial advice and information regarding continence issues, products and services for children and adults with bowel and/or bladder problems.

Website: www.bladderandboweluk.co.uk

Tel: 0161 214 4591.

Breakaway Foundation Breakaway

A UK wide charity offering support, holidays and activities to children from birth to eighteen, with bladder and/or bowel diversions/dysfunction and their families.

Website: <http://www.breakawayfoundation.org.uk/>

CHAMPS

An appeal set up to raise awareness of children with Bowel and Bladder disorders, dysfunctions and diversions. They raise funds that will directly benefit children by supporting research, awareness campaigns and support groups

Website: <https://www.raredisease.org.uk>

Email: info@raredisease.org.uk,

Tel: 0300 124 0441

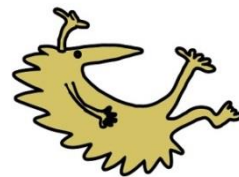
Space for Parent/Carer Notes

This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment.

This information can be made available in other languages and formats if requested.

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