

Overview

Pyloroplasty is a surgical procedure performed to widen the opening between the stomach and the small intestine. The opening between the stomach and small intestine is called the pylorus. The pylorus, or pyloric canal, is a short canal primarily made of muscle. The canal can become too narrow, in some conditions. When the canal becomes too narrow, food and liquids may not be able to pass. This can result in symptoms such as feeling full easily, odorous bleching, or nausea and vomiting.

Who is a candidate for the procedure?

This procedure is performed on a person with symptoms due to narrowing of the pyloric canal. The canal most commonly gets too narrow from one of two conditions:

- » pyloric stenosis, a condition that affects infants for unknown reasons. In this condition, the pylorus muscle gets too thick. This blocks food from leaving the stomach. Infants with this condition usually have severe vomiting in the first few months of life.
- » peptic ulcers. In this condition, the ulcers cause swelling and scarring of the stomach and the first part of the small intestine. This in turn may cause blockage in the pyloric canal.

How is the procedure performed?

A pyloroplasty is done under general anesthesia. This means that the person is put to sleep with medication. A small cut is made in the upper right side of the abdomen, through some of the muscle layers and down to the pylorus. The surgeon then makes a cut through the pylorus muscle. The muscle is then sewn back together in such a way as to widen the opening of the canal. The abdominal muscles are then sewn and put back in place. The skin incision is closed with stitches, clips, or staples. Occasionally this procedure is performed laparoscopically, using a camera tube instrument through much smaller incisions in the belly wall. When pyloroplasty is done because of an ulcer, other procedures may also be done at the same time. One common example is a vagotomy. This procedure involves cutting the nerve that causes the stomach to make stomach acid. This is done to reduce the output of stomach acid and the risk of future ulcers.

What happens right after the procedure?

After surgery, the person will go to a surgery recovery room for a few hours. In the recovery room, the person's blood pressure, heart rate, and breathing rate are monitored. The person will also be watched for any problems with bleeding or any allergic reactions to the anesthesia. A short hospital stay is usually needed. The person is slowly allowed to eat. An intravenous line, or IV, is usually left in a vein in the arm or hand to give fluids so the person doesn't get dehydrated. The IV will usually be left in place at least 24 hours. It is taken out when the person is able to eat and any pain is under control. Pain medication can be given into the IV line or injected into muscle. A person may also be given antibiotics to lower the risk of infection. There are usually a few tubes that are left near the incision to drain fluids and blood from the site. These tubes can be removed once the draining stops. A nasogastric tube may also be in place to drain fluids from the stomach, which is called gastric suction. Oxygen is given if needed. For non-infants, deep breathing is advised to lower the risk of pneumonia. The person will also be encouraged to walk. This lowers the risk of blood clots. The person will be in the hospital usually 3 to 7 days.

What happens later at home?

Before going home, the person or his or her caregiver is taught how to care for the incision. Activity at home is often based on how the person is feeling. Children usually recover from illness and surgery quickly. Activity is increased slowly as the person regains his or her strength.

What are the potential complications after the procedure?

There are possible complications with any surgery. These include bleeding, infection, and allergic reactions to the anesthesia. Any surgery in the abdomen can cause adhesions. These are pieces of tissue that develop during the healing process. In some cases, adhesions can cause blockages in the intestines. This may require further surgery and can occur many years after the pyloroplasty.