



What to expect after surgery: Pyloromyotomy

Patient and family information, brought to you by the Education Committee of APSA

Your surgeon will provide you with specific instructions for care after surgery. The follow lists common recommendations and things to look out for after surgery.

Pain management:

- Tylenol® (Acetaminophen) should be all that your child needs to minimize any pain.
- Follow the instructions on the bottle to ensure your child is getting the proper dose.
- If your surgeon gave you a prescription for pain medication, make sure you follow the instructions for the dose and frequency.

Wound management:

- If your child has gauze or a bandage covering the incision, this can be removed 48 hours after the operation.
- You might also see small white tapes (Steri-Strips™) directly attached to the skin over the incision. These will usually start to peel up after about 7-10 days, and can be removed at that time.
- If your surgeon placed glue on the incision(s), the glue will come off in 1-2 weeks.
- Do not put any additional ointments or creams on the incision(s).

Activity:

- There are no specific restrictions on activity after surgery.
- Getting back to regular activities as soon as your child is comfortable is a good idea.
- Your child will not cause any damage to the incision(s) by being active or doing “tummy time.”

School/Day Care:

- If your child feels well they can return to pre-school or day care right away.
- A few days off might be needed if your child is more tired and sore than usual and is not eating well.

Bathing:

- In general, your child's incision(s) should be kept dry for about 48 hours. Your surgeon may have specific instructions for when your child can take a bath.
- Take off any gauze over the incision either before or during the first bath. You might see small white tapes (Steri-Strips™) directly attached to the skin over the incision. These should stay on, even when in the water.

Diet:

- After pyloric stenosis surgery, your child should be able to drink the same type of milk or formula they were drinking before surgery.
- A special diet is not required after pyloric stenosis surgery.
- Spit-ups are common after pyloric stenosis surgery. To help with the spit-ups, feed your child in an upright position and take frequent breaks for burping.
- Your child should not have projectile vomiting like they did before surgery. If this happens, you should contact your child's surgeon.
- Your child may drink less than usual for the first day or two after surgery. If you find that your child's appetite does not return to normal within a week of surgery, contact your surgeon's office.

Bowel movements:

- The first bowel movement may occur 1-5 days after surgery. As long as your child is not having tummy pain and is drinking, not having a bowel movement for a few days is acceptable.
- Sometimes the combination of pain medication and decreased appetite can slow the bowels down for a few days.
- If you think your child is constipated, contact your child's surgeon before giving any over-the-counter laxatives.

When to call your surgeon's office:

- If your child has a fever.
- If your child has pain or swelling at the incision(s) that is getting worse over time.
- If your child develops redness, warmth, or drainage from any of the incision sites.
- If your child has persistent nausea, projectile vomiting, or is unable to drink normally.
- If the stitches come loose or the incision(s) opens.

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