



What to expect after surgery: Ladd Procedure for Malrotation

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. This form lists common recommendations and things to look out for after surgery.

Pain management:

- Acetaminophen (Tylenol[®]) and/or ibuprofen will usually be all that your child needs for 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 dose and frequency. Be sure to properly dispose of any unused narcotic.

Wound management:

- If your child has gauze or a bandage covering the incision, this can typically be removed 48 hours after surgery.
- 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.
- You might also see skin glue over the incision. This will usually start to flake off on its own after 7-10 days.
- Do not put any additional ointments or creams on the incision.

Activity:

- There are no specific restrictions on activity after surgery for babies and young children. Your surgeon will give your activity restrictions if your child is an older child or teenager.
- Your child can crawl, walk, and run normally as long as it doesn't cause pain.
- Your child may have soreness where the incision is.
- 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 by being active.
- Encourage your child to rest when feeling tired.

School:

- If your child feels well, they can return to school 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 should be kept dry for about 48 hours. Your surgeon may have specific instructions for when your child can take a bath, shower, or go swimming.
- Take off any gauze over the incision either before or during the first bath/shower. 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) and can get wet.

Diet:

- After intestinal malrotation surgery your child should be able to eat what they normally would.
- A special diet is not required after intestinal malrotation surgery, unless a long length of intestine has been removed. Your surgeon will review this if necessary.
- Your child may eat 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. Sometimes the combination of pain medication, decreased appetite, and the intestine needing to recover from the malrotation can slow the bowels down for a few days.
- As long as your child is not having tummy pain and is eating and drinking normally, not having a bowel movement for a few days is ok.
- 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.
- Pain or swelling at the incision site that is getting worse over time.
- Redness, warmth, or drainage from the incision site.
- Persistent nausea or inability to drink/eat.
- The stitches come loose or the incision opens.