Bowel atresia

Neonatal surgery

Patient information

What is bowel atresia?
An atresia is a gap/narrowing in the bowel, where the bowel has not properly developed causing a complete blockage (obstruction). It occurs in about one in 5000 babies.

Usually the atresia occurs in the small bowel. This is the section between the stomach and the large bowel (colon). It is where food is absorbed.

Why does it occur?
It is thought an atresia is caused by damage to the blood vessels of the bowel, but it is not known why the blood vessels are damaged. This damage can happen at any time during pregnancy. Most commonly, the bowel is blocked but none is missing. In some babies the atresia only affects a small part of the bowel and these babies are able to absorb milk and grow.

How is it diagnosed?
In a few babies the diagnosis can be suspected on your antenatal ultrasound scan. However, there are a number of causes of blockage other than atresia and after birth, your baby will have an x-ray of their abdomen which may help to identify where the blockage is. The final diagnosis can only be made at operation.

Initial management
Babies with small bowel atresia vomit soon after birth and the vomit is bile-stained (green), after which:

- Milk feeds will be stopped
- A tube will be passed through the nose into the stomach to drain away any fluid and air collecting in the stomach
- Fluids will be given through a drip in a vein
How is the atresia treated?

If an atresia is suspected, an operation will be necessary in the first few days of life. The ends of the atresia are cut away and the bowel joined back together.

After the operation

Depending on the type of atresia (and this can only be identified during the operation), your baby may be able to start a small amount of milk two or three days after the operation via the nasogastric tube and this will be gradually increased as tolerated. If you wish to breast feed, the nursing staff will teach you how to express and store your milk to feed to your baby when they are ready. Most babies will go home about two weeks after the operation.

If the section of bowel above the blockage is found to be dilated it may take longer before feeds are started and your baby’s bowel starts working. This means your baby’s stay in hospital will be longer. During this time, your baby will receive their nutrition via a drip, through a long line. A long line is a drip which is placed in a small vein, usually a vein in the arm or leg and fed through into a larger vein.

It should be possible for your baby to grow normally on this form of feeding while the bowel is recovering. The surgeon will decide when milk feeds can be introduced and they will slowly be increased as your baby is able to tolerate them. Once recovery has begun your baby should be able to feed normally, either by breast or bottle.

What are the long-term effects?

Provided there is plenty of bowel length there are no long term consequences of small bowel atresia. If a moderate amount of bowel had to be removed at operation, your baby may have loose and frequent bowel motions, but this tends to get better over a few months.

Following any operation there is always a small risk of future obstruction occurring. If your baby has a bilious vomit (green) or a distended abdomen, medical advice should be sought (either GP or take to A&E depending on concern)

Following discharge home

Following discharge your baby will be seen in the outpatients department by members of the surgical team, where help and advice will be available to you. It may be possible for this to happen at your local hospital.

If St George’s Hospital is not your local hospital

Once your baby has had surgery and made a good recovery, i.e. when their specialist medical and nursing requirements are less, the baby will be transferred back to the care of your local hospital. This transfer is a sign of progress and will not occur until the baby is ready. It will allow you to be closer to home and become familiar with your local healthcare professionals.