Long-term surgical care
If your baby has a stoma this will be closed a few weeks or months after your baby has gone home. Following an operation there is always a small risk of future obstruction occurring. If your baby has a bilious vomit or a distended abdomen medical advice should be sought.

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

Meconium is the first stool (poo) a baby passes. This stool is black/dark green in colour and very thick and sticky. Meconium Ileus is a condition where the meconium is extremely sticky and causes a blockage in part of your baby’s small bowel, which is called the ileum. Most infants with meconium ileus (90%) have a disease called cystic fibrosis (CF). Meconium ileus is a rare condition affecting only 1 in 25,000 babies.

How is it diagnosed?

Early signs of meconium ileus are abdominal distention (a swollen tummy), bilious (green) vomits and no passing of meconium out of the body. Your baby will have an abdominal x-ray to see if there is meconium in their intestines.

How is it treated (non surgically)?

Milk feeds will be stopped. A nasogastric tube will be passed through your baby’s nose into the stomach to help remove the bile and any air that may have collected. This reduces the risk of your baby vomiting and reduces discomfort. Your baby will be given intravenous fluid and antibiotics may be started to treat any infection. The effects of meconium ileus vary from baby to baby. In some babies it is possible to dissolve the sticky meconium by injecting a fluid via a soft tube into the baby’s bottom (enema) during the course of an X-ray. This may need to be repeated within a few hours to completely clear the bowel. In some babies there may be complications, which mean that an operation is necessary. Occasionally, it is necessary to bring a small piece of bowel out onto the surface of their tummy (a stoma), as a temporary treatment for a few weeks.

Once the bowel obstruction is relieved a blood test will be done to see if your baby has cystic fibrosis. The result usually takes several days. In the meantime, your baby will be given a special medicine to reduce the risk of blockage recurring.

What is Cystic Fibrosis (CF)?

This is a fairly common genetic condition. Babies who have CF may have very sticky poo causing plugs. Exactly how CF affects the individual child in other ways varies greatly. Children with CF can have frequent chest infections difficult to cough up. They may also have problems with digestion and have to take medicine with food to help with this.

Can I feed my baby?

Milk feeds will be started slowly over the first few days. If you or your baby have CF, your baby is likely that your baby will need this treatment for life.

Once CF is confirmed, a specialist team of doctors and nurses (usually from the Royal Brompton Hospital) will become involved in planning your baby’s care and giving you detailed information about it.

This leaflet provides information for parents of babies who may have Meconium Ileus.