

Bowel Atresia

This leaflet offers more information about bowel atresia. If you have any further questions or concerns, please speak to the staff member in charge of your baby's care.

What is bowel atresia?

An atresia is a gap or a narrowing in the bowel, where the bowel has not properly developed causing a complete blockage (obstruction). It occurs in about one in 5,000 babies.

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

Why does it occur?

We usually don't know the cause of atresia but some are caused by interruption of the blood supply to the bowel, but it is not usually known why that occurs. The interruption of blood supply 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. Some babies may have more than one atresia but this is usually discovered at operation.

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 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 is 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. 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 via this form of feeding while the bowel is recovering. The surgeon will decide when milk feeds can be introduced and these feeds will slowly be increased as your baby tolerates them. Once recovery has progressed, your baby should be able to feed normally, either by breast or by bottle.

What are the long-term effects?

Provided there is adequate bowel length following surgery there are no long term consequences of 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 a GP or take baby to A&E depending on your 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 has made a good recovery, i.e. when their specialist medical and nursing requirements are fewer, the baby will be transferred back to the care of your local hospital. This transfer is a good 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.

Useful sources of information

BLISS

Bliss is a support group which is able to offer support and advice to families with babies with a range of conditions.

Fourth Floor
Maya House
134-138 Borough High Street
London SE1 1LB
Contact: 020 7378 1122
Email: hello@bliss.org.uk
Website: www.bliss.org.uk



Use your smartphone to scan the QR code (you may need to download a QR code scanning).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. **Web:** www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones. **Tel:** 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

