

# Bowel Atresia

**This leaflet gives information about bowel atresia. If you have 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 that occurs during development of the foetus before birth leading to a segment of the bowel not developing properly and causing a complete blockage (obstruction), not allowing fluid / food to pass through. It occurs in about one in 5,000 babies. More frequently, the atresia occurs in the small bowel. This is the section between the stomach and the large bowel (colon) and is the segment where nutrients from food are absorbed.

## Why does it occur?

We usually don't know the cause of atresias but some are caused by interruption of the blood supply to a segment of bowel; the cause of this is not usually known. The interruption of blood supply can happen at any time during pregnancy. 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 or have shorter length of bowel than expected; this is usually discovered at operation. Sometimes an atresia can be associated with other conditions like cystic fibrosis or gastroschisis.

It is unlikely that intestinal atresia is caused by anything you did or did not do during pregnancy.

## How is it diagnosed?

In a few babies, the diagnosis can be suspected on your antenatal ultrasound scan if there is more fluid around your baby or if there is

bowel dilatation inside their abdomen. However, there are several causes of blockage other than atresia.

After birth, your baby will have an x-ray of their abdomen which may help to identify where the blockage is (higher or lower).

Occasionally, a contrast study may be needed to clarify where the blockage is. This can be in the form of contrast (dye) given via a tube that goes into the baby's stomach (this will likely have already been placed in the neonatal unit) or a tube that is inserted in their rectum (back passage). X-rays would identify the areas through which the contrast cannot pass, suggesting there is a blockage there. 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). When a bowel atresia is suspected:

- 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. This will be done under a general anaesthetic.

The exact type of operation differs depending on the location of the obstruction but usually the ends of the atresia are cut away and the bowel is joined back together. The segment proximal (upward) of the atresia may be dilated (bigger) and dysmotile (not able to move properly). Occasionally, if the baby's bowel or their abdominal cavity is not healthy enough to heal connecting of the bowel, a temporising stoma may be created (bringing the ends of the bowel to an artificial opening in the stomach). The baby will need another operation later

to close the stoma and join the ends of the bowel together – this will allow them to pass stool through their rectum (bottom) again.

### **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 increased gradually 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 for your baby's bowel to start working and for feeds to start. 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 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 or was not present at operation, your baby may have loose and frequent bowel motions but this tends to get better over time. If a significant amount of bowel had to be removed or was not present at operation, your baby may need long term help for growth and nutrition. This will be discussed with you by the teams involved in your baby's care.

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 from the GP or by taking the 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 to become familiar with your local healthcare professionals.

### **Useful sources of information**

#### **BLISS**

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



Bliss  
1st Floor North  
10-18 Union Street  
London  
SE1 1SZ

Contact: 020 7378 1122  
Email: [hello@bliss.org.uk](mailto:hello@bliss.org.uk)  
Website: [www.bliss.org.uk](http://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](http://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](mailto: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](http://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 our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://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.

