

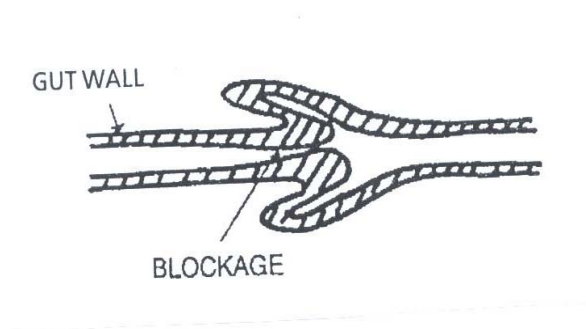
Children's Services

Intussusception

What is intussusception?

Intussusception is a serious but curable condition which occurs most commonly in babies aged between 3 and 24 months.

One part of the intestine ('gut') slides forward and becomes stuck within the next section of intestine, like one part of a telescope sliding into another. This is most commonly caused by swelling of part of the intestinal wall due to a viral infection.



The blood supply to the affected part of the intestine is reduced, the intestine swells and may become blocked. This can make your child very unwell.

Why has this blockage made my child unwell?

Normally drink and food are pushed along the intestine by a series of muscle contractions. These contractions continue in spite of the blockage which is very painful. Between intestinal contractions your child may settle.

Food and fluid collects in the stomach and intestine above the blockage. This can make your child's tummy appear swollen and children often vomit.

The intestine may bleed due to the blockage and blood which often resembles red-current jelly may be seen in your child's nappy.

How is intussusception diagnosed?

A doctor will examine your child and some blood tests will be taken. Children will usually have an x-ray taken of their abdomen and some will have an ultrasound scan as well. The best way to identify if intussusception is present is to carry out an air enema (see below).

Whilst your child is having tests carried out, your nurse will be closely monitoring your child. Your child will not be allowed to eat or drink and so will have a drip ('intravenous fluid') to prevent dehydration. To prevent vomiting, a nurse will pass a 'nasogastric (NG) tube' through your child's nose and into his/her stomach. Stomach contents will then pass up the tube and into a bag rather than being vomited. Antibiotics may also be given to prevent infection.

How is intussusception treated?

There are two ways of treating intussusception:

1. **Air Enema (non-surgical)**

An air enema is carried out in the x-ray department and you can usually be present with your child if you wish. A tube is placed into your child's bottom. Air is passed into the tube by gentle pressure which can push the telescoped part of the intestine back into place, clearing the blockage.

If an air enema is successful your child will return to the ward and be allowed a drink after a few hours. Your child will continue to be monitored for a few days.

Sometimes air enemas do not cure the intussusception and an operation will be needed.

2. **Surgical correction**

If the air enema did not resolve the intussusception or if the surgeon thinks your child is too unwell to have an air enema, an operation will be required to surgically correct the intussusception. The operation will be carried out under a general anaesthetic.

The surgeon will make a cut and locate the telescoped part of the intestine. The surgeon will then gently push the telescoped part back into place, clearing the blockage. If the intestine is damaged where the blockage had been, it may be necessary to remove this section and join the ends together.

The wound will be stitched on the inside of the skin with dissolvable stitches. Sometimes paper tapes called 'steristrips' are also applied.

After the operation your child will be monitored closely; if your child has been very unwell this may be in the children's intensive care unit. After the operation the intestine will not begin to work normally immediately, usually it takes a few days. During this time your child will continue to have a drip and the nasogastric tube will stop the feeling of sickness.

Drinks will be given to your child once their intestine has started to work normally again (this will be indicated by the colour of fluid changing in the nasogastric tube and the volume getting less). Medicines will also be given to stop pain.

Once your child is eating and drinking normally again and is having his/her bowels open you will be able to go home. This may be several days later.

Can intussusception occur again?

Intussusception can occur again although in most cases it does not. Reoccurrence usually occurs within a day or so of the first episode. It will be obvious to you that intussusception has reoccurred as the same symptoms will develop.

Looking after your child at home

- Some discomfort is normal, Paracetamol ('Calpol') can be given.
- Your child should not be bathed for five days after the operation. If steristrips were applied these should be allowed to fall off by themselves.
- Wound infections are rare. However, if the wound looks red/swollen you should see your GP.
- There is no need for any changes to diet.
- There is no known increased risk of intussusception in other children within the family.

We are always happy to answer any questions. If you need further advice or information please contact:

Your nurse specialist:

The ward you were on:



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For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish

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Portuguese

Se precisar desta informação noutra língua, em impressão de letras grandes ou formato áudio, por favor peça ao departamento que contacte a secção de Informação aos Doentes (Patient Information) pelo telefone 01223 216032 ou através do e-mail patient.information@addenbrookes.nhs.uk

Arabic

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Cantonese

如您需以另一語言版本、特大字體或錄音形式索取本資料，請要求部門聯絡病人諮詢服務：電話 01223 216032，電郵地址 patient.information@addenbrookes.nhs.uk

Turkish

Eğer bu bilgileri başka bir dilde veya büyük baskılı veya sesli olarak isterseniz, lütfen bulunduğunuz bölümdeki görevlilere söyleyin Hasta Bilgilendirme servisini arasinlar: 01223 216032 veya patient.information@addenbrookes.nhs.uk

Urdu

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Bengali

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