

Neonatal Services

Frequently Asked Questions (FAQs) about Necrotising Enterocolitis (NEC)

What is Necrotising Enterocolitis?

This is a serious condition leading to infection of the gut. It affects some very low birth weight babies and sometimes babies born at term. NEC usually occurs between three to 12 days after birth (though later in preterm babies) and can affect any portion of the gut. Damage to the gut can lead to a hole, which allows the bacteria in the gut to leak out and cause a more serious infection.

What causes Necrotising Enterocolitis?

There isn't one single cause but a number of factors have been identified in preterm babies:

- Poor blood flowing to the gut lining
- Babies born before term have immature gut
- Preterm babies are more likely to get infections and are not able to fight this as well as babies born at term

How do you know that my baby has this condition?

In the early stages your baby may appear slightly unwell but as the NEC progresses other things may occur:

- Swelling and tenderness of the tummy
- Blood in the stools, or your baby stops passing stools
- Green vomiting
- Signs of infection such as sleepiness
- High or low temperature
- Redness of the skin over the tummy

It may become necessary to support your baby with a ventilator if he/she does not already need support from a breathing machine.

The doctors may suspect that your baby has NEC from these signs but they will need to take x-rays to help with the diagnosis, which may show small bubbles in the wall of the gut. They will also need to take some blood samples to test for infection.

How is this condition treated?

If it is diagnosed at an early stage then NEC can be treated without surgery. This requires resting the gut by stopping feeds and giving intravenous food. A full course of antibiotics (usually ten days) will be given to treat the infection.

However if a hole has occurred or your baby is not responding to the treatment it will be necessary to perform surgery. This will be carried out under a general anaesthetic.

When the surgeon operates s/he will discover how much of the bowel is affected and may need to take out those areas that are severely affected. A temporary stoma (opening from the bowel on the wall of the tummy) may be formed to allow the bowel time to recover and heal. This will be closed at a later date.

How do I care for my baby with a stoma?

If your baby has had a stoma formed, a stoma nurse specialist will visit you within a few days of the operation to explain everything and help you.

What happens after the surgery?

Initially your baby will be nursed on a ventilator to help him/her overcome the operation. Pain relief will be given intravenously to ensure that your baby is comfortable. As soon as your baby is stable and the doctors decide that he/she can breathe without help, the ventilator will be taken away.

Your baby will receive food intravenously until the gut has recovered. This type of food is called parenteral nutrition (PN) and is an alternative way of providing food while your baby cannot have milk either by mouth or tube. PN contains glucose for energy, protein for growth, fat for energy stores, vitamins to keep the body healthy and minerals to help with healing, so your baby will continue to grow and develop normally. The PN will be given via a small tube introduced into one of your baby's veins by an experienced doctor.

Milk feeding will be slowly re-introduced with the amount increasing as your baby tolerates it. You will be encouraged to take over the care of your baby and re-establish breast/bottle feeding.

When can we go back to our local hospital?

If your baby was admitted to the NICU from another hospital then as soon as the surgeons and doctors feel that good progress is being made they will allow your baby to be transferred back to your local unit.



Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Polish

Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Portuguese

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Russian

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: patient.information@addenbrookes.nhs.uk

Cantonese

Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagıdaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Turkish

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করুন।

Bengali

Document history

Authors	Pauline Fellows
Department	Neonatal Services, Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.addenbrookes.org.uk
Contact number	01223 596176
Published	January 2008
Review date	January 2010
File name	FAQs_about_NEC.doc
Version number	1
Ref	PIN1736