Pyloric Stenosis

1.
How does pyloric stenosis present clinically?

2.
What metabolic disturbances can develop?

3.
Can you explain the role of the kidney in the metabolic disturbance?

4.
How can you assess hydration status in an infant?

5.
When is surgery considered?

6.
What are the anaesthetic considerations when anaesthetising an infant for pyloromyotomy?

7.
Typically, what analgesic regimen would be used for a pylorotomy?

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USEFUL READING:

This paper is a comprehensive review of Pyloris Stenosis and contains a useful explanation of the metabolic disturbance and its correction .

> Fell D, Cheliah S. Infantile pyloric stenosis. *Continuing Education in Anaesthesia, Critical Care & Pain* 2001; **1**(3): 85-88.
>
> http://ceaccp.oxfordjournals.org/content/1/3/85.full.pdf+html

Pyloric stenosis

- Most commonly between 3-5wks old
- 1 in 250 babies, commoner in males

- Vomiting (often projectile)
- Weight loss/failure to gain weight
- Dehydration
- Palpable pyloric mass

- Hypokalaemia
- Metabolic alkalsos
- Hypochloraemia

- Medical, not surgical emergency
- Pyloromyotomy once rehydrated and metabolic abnormalities corrected (may take 1-3 days)

- Aspirate NG tube prior to induction
- Local anaesthetic wound infiltration

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