

After the reduction enema

For the first 3 hours after a successful enema, your child will not be allowed to eat or drink. This allows the stomach and intestines to rest. During this time your child will receive fluids through a drip if needed.

After 3 hours, if your child is well, they will be allowed liquids to drink (water, juice, or milk). After your child has been drinking for 1 hour, the surgeon will review them to make sure they are safe to go home (this is the case in 2 out of every 3 patients, while the other 1 out of 3 will need to stay in hospital a bit longer before they are ready to go home).

When you get home

Most of the time (95 out of every 100 patients) your child should be eating and drinking normally. If any of the symptoms or signs return or if you have any concerns you should bring your child back to the Accident & Emergency department immediately.

Contact details:

Short Stay Unit, RBHSC:
028 9615 0271

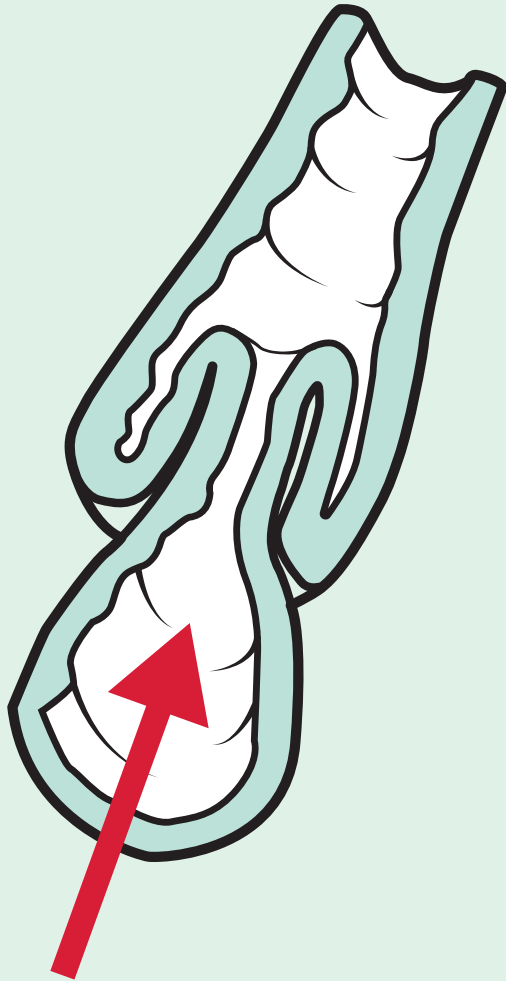
Accident & Emergency Department, RBHSC:
028 9615 0242

Intussusception



What is intussusception?

Intussusception occurs when one part of the bowel slides into another part of the bowel (like a telescope), causing obstruction. It is the most common tummy emergency in small children, mostly between the ages of 3 months and 3 years. It needs urgent hospital attention. The cause is unknown, but may be linked to infections.



Bowel telescoping in on itself

What are the symptoms?

Your child may have spasms of severe tummy pain that come and go, with drawing up the legs and inconsolable crying. Your child may vomit, which may, in time, become green. You may notice your child passing loose poos, mixed with blood and mucus, which may look like redcurrant jelly. You may also notice a lump or swelling on the tummy. If your child is dehydrated they may have fewer wet nappies or may be more sleepy than usual. In this situation they need to be seen in Accident & Emergency immediately.

How is intussusception diagnosed?

The doctor will ask you questions and then examine your child. An ultrasound scan is done to confirm the diagnosis. This is similar to a pregnancy scan and involves no radiation.

How is intussusception treated?

A drip ('cannula') is placed into your child's vein, to give fluids and antibiotics. A 'nasogastric tube' is often passed through the nose into the stomach to drain any stomach/bowel contents and reduce any pressure that may build up due to the bowel blockage. A reduction enema is usually the first treatment. This happens in the x-ray department or sometimes the operating theatre. A tube is passed into your child's bottom and air or salty water is given through the tube to push the bowel back and correct the condition. The reduction enema is monitored throughout using either x-ray or ultrasound. It may be necessary to repeat the treatment a number of times to fully correct the condition. This treatment is successful in about 8 – 9 out of every 10 patients.

Risks of reduction enema treatment?

There is a small risk (less than 1 in every 100 patients) of developing a hole in the bowel – a 'perforation'. There is also a chance (about 5 in every 100 patients) that the intussusception may come back again after successful reduction enema treatment.