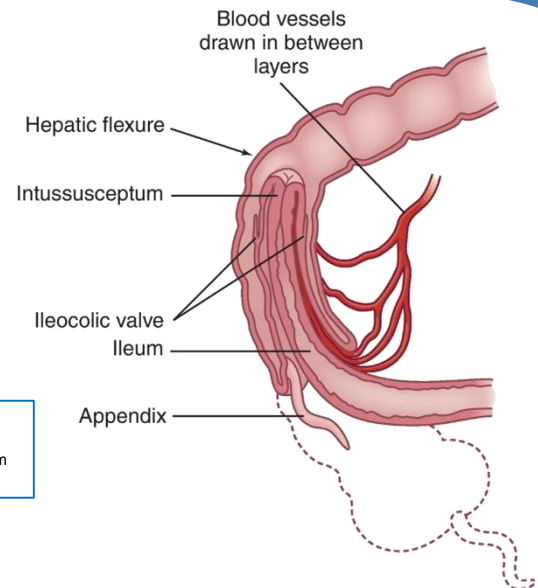


PATIENT AND FAMILY INFORMATION SHEET

Intussusception

What is Intussusception ?

Intussusception is when one part of the bowel slides into some other part of the bowel right next to it, or “telescoping” of the bowel (Figure 1). This causes a bowel blockage, and does not allow fluid or food to pass through. Most cases happen in children younger than 1 year of age, but it can happen at any age.



(n.d.) *Mosby's Medical Dictionary, 8th edition.* (2009). Retrieved January 5 2019 from https://medical-dictionary.thefreedictionary.com/_/viewer.aspx?path=MosbyMD&name=intussusception.jpg&url=https%3A%2F%2Fmedical-dictionary.thefreedictionary.com%2Fintussusception

What causes Intussusception?

The cause of intussusception is often unknown but can occur after a recent viral illness, a lead point or surgery. Most often the cause is unknown.

- **Recent Illness:** Some children with this type have recently been sick with a cold or stomach illness. Being sick causes lymph nodes to be bigger than normal. This causes part of the bowel to be thicker, making it easier for other parts of the bowel to slide into it.
- **Lead Point:** This type happens when there is a flaw in part of the bowel. A lump in the bowel gets trapped during the normal movements of the bowel. The trapping of the “lead point” pulls the whole bowel into the bowel ahead of it, leading to intussusception.
- **Surgery:** This happens after surgery due to the bowels not working the right way from either anesthesia or surgery on the bowels.

How is intussusception treated?

Intussusception will often be treated with an air or contrast enema. During an enema, a tube is put in your child’s bottom. A radiologist will push air or contrast through the tube and watch the bowel with x-rays. As the air or fluid reaches the blockage, the pressure makes the stuck bowel slide back out of the other part of the bowel.

If the enema does not work or your child is very sick, surgery may be needed. The surgeon may start by placing a camera into your child’s belly, called a laparoscope. The surgeon may then place other tools in your child’s belly to correct the bowel. Sometimes a surgeon needs to make a larger cut so that they can correct the bowel.

Sometimes, the bowel corrects itself without any help. If this happens, your child may not have to stay in the hospital and can go home.



PATIENT AND FAMILY INFORMATION SHEET

Intussusception

What are the possible problems from intussusception?

- Fluid loss from throwing up and not eating or drinking
- Intussusception occurring again
- Hole in the bowel

What do I need to do to take care of my child?

Signs of intussusception involve sharp belly pain that comes in waves, throwing up, and bloody stools. If your child is having signs of intussusception, you need to take **them** to the doctor.

When will my child be able to go home?

If your child has an enema, they can often go home within 24 hours. To go home your child needs to be able to eat and drink. If your child has pain, he/she will need to be able to take pain meds by mouth.

If your child needed surgery, they will need to stay in the hospital for a few days. It will take longer for your child to be able to eat and drink and start pooping again. Your child may have some pain. They will be given pain medicine by mouth.

How should I take care of my child one he/she goes home?

Once your child goes home, you should watch for signs of intussusception occurring again. Two out of every ten children will have recurrence of intussusception. If your child starts having belly pain, throwing up, or bloody stools, you should call your health care provider.

Your child should return to eating and playing like normal. If your child had surgery, they may have activity limits.

If any of these signs happen, please call your doctor:

- Throwing up
- Belly pain
- Belly swelling or bloating
- Bloody stools
- Signs of a wound infection if your child had surgery such as: fever, redness, swelling or drainage from the surgery cut

Your child will need to follow up with the surgeon. You will receive specific instructions for follow up when your child is discharged.

Please don't hesitate to call our office if you have any problems or concerns.

Surgical provider: _____

Office Number: _____

After hours number, if applicable: _____

Thank you for allowing us to care for your child.