



PATIENT AND FAMILY INFORMATION SHEET

Necrotizing Enterocolitis

What is Necrotizing Enterocolitis (NEC)?

Necrotizing Enterocolitis (NEC) is a disease of the gastrointestinal (GI) tract that can happen in premature babies (1 in 1000 live births). This can also happen in some full term babies. In NEC, germs enter the body and spread through the wall of the intestine causing swelling. A hole in the intestine can happen. Germs can go into the belly through that hole causing an infection.

Risk Factors:

- Baby is born early (premature)
- Decreased oxygen
- Decreased blood going to the organs
- Changes in the heart
- Some medications (indomethacin)
- Feedings that were advanced quickly

How do I know if my child has NEC ?

Early signs of NEC can be:

- Swollen, tender belly that may change in color
- Problems with feedings
- Green or yellow vomit
- Blood in the bowel movement
- Changes in the activity level
- Need for more breathing support

If the medical team caring for your baby is worried about NEC, they will get x-rays of the baby's belly and blood tests. The x-ray will help look for changes in the intestine like swelling or a hole in the wall of the Intestine.

How is NEC treated?

What happens before surgery?

How NEC is treated depends on what the medical team feels about your baby's examination and the results of the tests that were done. If there is no hole in the wall of the intestine, the baby will get support:

- No feedings by mouth
- Intravenous (IV) fluid that gives special calories
- IV antibiotics to stop infection
- Medicine for pain
- Help with breathing
- Blood if needed
- More x-rays of the belly

If a hole in the wall of the intestine is seen on the x-ray, or if the baby becomes sicker, an operation may be needed. There are two different ways to do the operation: putting a small drain in the belly (peritoneal drain) or opening the belly (laparotomy).

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How is NEC treated?

What happens during surgery?

Drain:

If the baby is too small or too sick, a small, soft drain is put into the belly to let the infected liquid or stool come out of the belly (Figure A). This is often done right in the baby's room. This drain may stay in the belly for days.

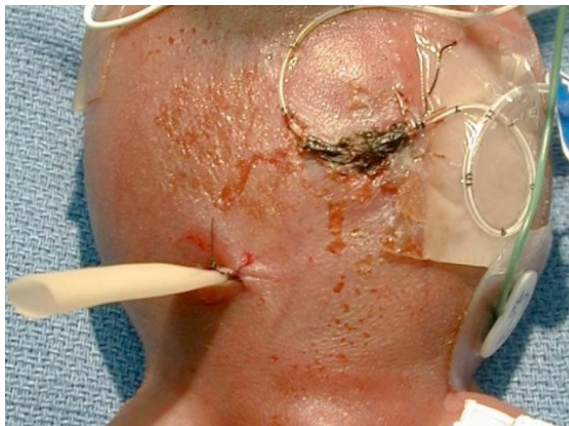


Figure A

Laparotomy:

The baby may be taken to the operating room (OR) where the belly will be opened. The intestine will be looked at and any part that does not look healthy will be removed. Intestine that looks healthier will be saved. Often a piece of the intestine needs to be used as a "stoma." A stoma is a small piece of the healthy intestine that is brought up to the outside of the belly. Through this small piece, the stool can come out (Figure B). Once the stool comes out of the "stoma," the rest of the bowel inside can have time to heal.

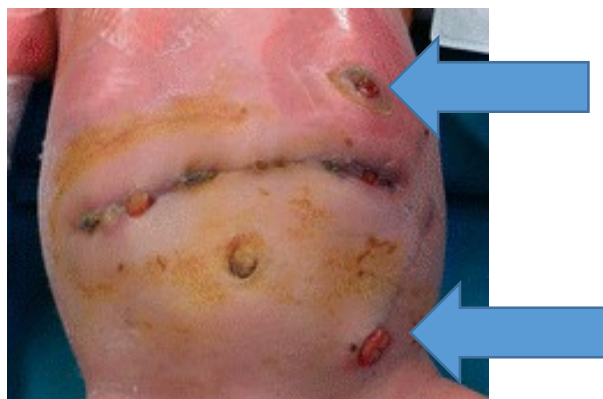


Figure B



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When should I call the office?

If your child has any problems, or if you have questions, please call. Call if you see:

- Swelling of the belly
- Vomiting
- Diarrhea (looser, more bowel movements)
- Fever over 100.5
- Changes in activity (more sleepy, more irritable)
- Redness, swelling or fluid from the wound

When can we go home?

- Your baby may go home with a “stoma”.
- Your baby may go home on feedings by mouth and IV fluid.
- Your baby must be able to gain weight before going home.
- The “stoma” may or may not be closed before you go home.

How do I care for my child at home?

- If your baby has a “stoma” you will be taught how to take care of it before you go home.
- If your baby goes home on IV fluids you will be taught how to take care of the IV machine (pump) and the IV (central line) before you go home.
- All of the supplies you need at home will be ordered before you leave the hospital.
- Home visits by a nurse will be set up for you.
- Your baby will need to see the pediatrician and the surgeon for check-up visits.
- Call the office with any questions or worries you may have.

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.

Surgeon: _____

Nurse Practitioners: _____

Phone Number (daytime): _____

Phone Number (after hours): _____

Social Worker: _____

Supply Company: _____

Thank you for allowing us to care for your child.