

- An appendectomy is performed to prevent recurrence of the intussusception.
- If the intussusception cannot be reduced, then removal of the involved segment of bowel is performed.

After the surgery

Your child is given pain medication to keep him or her comfortable after the surgery. The child will require IV fluids for several days since the intestines are temporarily slowed. Feedings are withheld during this period of time. Most children are able to resume eating in 1 to 3 days.

What to expect after discharge

Your child will be ready for discharge when he or she is tolerating a regular diet, has no fever or drainage from the incision and has normal bowel function.

Most children will require one week of rest at home before returning to school, and 2 to 3 weeks before returning to gym and sports.

When to call your child's provider

You may notice some minor swelling around the incision; this is normal. However, call your health care provider if your child develops:

- Fever
- Excessive swelling, redness or drainage from the incision
- Bleeding
- Increasing pain

Follow-up office appointment

A follow-up outpatient visit will be scheduled for 7 to 10 days after your child's surgery. Your child's health care provider will examine the wound and assess his or her recovery.

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INTUSSUSCEPTION



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What is intussusception?

Intussusception is a form of bowel obstruction in which one segment of intestine telescopes inside of another. Although it can occur anywhere in the gastrointestinal tract, it usually occurs at the junction of the small and large intestine.

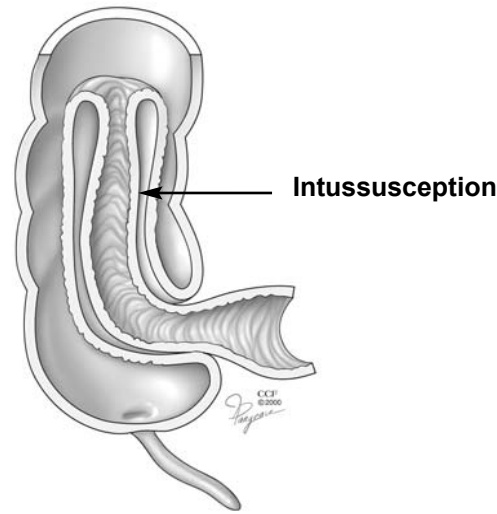
Intussusception is usually caused by a virus that produces swelling of the lining of the intestine, which then prolapses into the downstream intestine. In some children, it is caused by a congenital anomaly of the intestine such as a polyp or diverticulum.

What are the symptoms of intussusception?

The characteristic signs and symptoms of intussusception are episodic, severe, crampy abdominal pain alternating with periods of lethargy. Other possible symptoms of intussusception include:

- Nausea and vomiting
- Rectal bleeding

These symptoms begin abruptly, usually one week after a non-specific viral illness.



How common is intussusception?

Intussusception occurs most commonly in toddlers 9 to 12 months of age, but may occur at any age. It is seen in approximately 1 in 1,200 children with equal frequency in girls and boys. Intussusception occurs most frequently in the fall and winter months during viral season, but may occur at anytime during the year.

How is intussusception diagnosed?

Intussusception is associated with an abdominal mass, which may be evident upon physical examination. Ultrasonography is able to identify the mass with 100 percent accuracy and is now the first radiologic test prescribed for patients with suspected

intussusception. Two other radiologic tests—barium enema and air contrast enema—also are used to help diagnose intussusception.

How is intussusception treated?

Once intussusception is diagnosed, the next step is to attempt hydrostatic reduction (to push the intestine back) using a barium enema or air contrast enema. This is a radiologic procedure not a surgical procedure and does not require a general anesthetic.

These procedures (barium enema and air contrast enema) have a 60 percent to 70 percent success rate, with an 8 percent to 10 percent rate of intussusception recurrence. If hydrostatic reduction is unsuccessful, then surgery is required.

During the surgery

- The child is fully anesthetized by a pediatric anesthesiologist (a specialist in pain relief and sedation in children).
- A small incision (cut) is made on the right side of the abdomen (similar to the incision for an appendectomy), and the intestine is pushed back into its normal position.