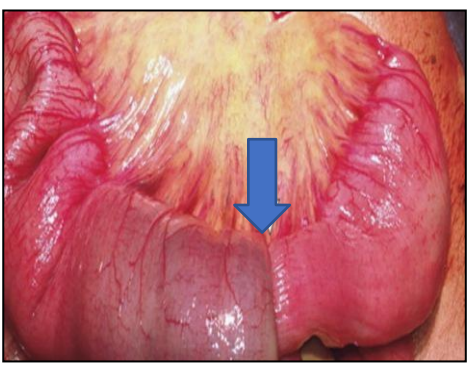
Patient Information Sheet

INTUSSUSCEPTION



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What is intussusception ?

Intussusception is a condition in which one segment of intestine slides inside another, like a telescope, causing an intestinal blockage and colicky abdominal pain. It usually occurs at the junction of the small and large intestines. If not diagnosed early, it can cause swelling that can lead to irreversible intestinal injury.

What causes intussusception and how common is it ?

The exact cause of intussusception is unknown. Intestinal Infection by a virus is thought to produce swelling of the lining of the intestine, which then slips into the intestine below. This happens most often during the weaning period. Some children are born with a polyp or diverticulum, which can also lead to Intussusception. The common age range is 3-36 months, but may appear at any age especially if it is due to a polyp etc. It is seen in approximately one in 1,200 children, and more often in boys.

What are the symptoms?

Excessive crying, due to severe and crampy abdominal pain when the infant often folds and draws up legs towards his chest. This can last for few minutes alternating with periods of no pain. Rectal bleeding (red jelly-like stools), sometimes mixed with mucus may begin suddenly which is very alarming and worrisome for parents. Vomiting is usually present. Vomiting can be bilious after some time. Abdominal distension may be present in some patients.

How is it diagnosed ?

Abdominal mass is sometimes palpable during a physical examination. Ultrasonography is able to identify the mass. Two other radiologic tests-barium enema and air contrast enema-also are used to help diagnose intussusception and can also be used to treat (reduce) intussusception, in cases that present early.

How is intussusception treated ?

Intussusception can be treated surgically or non-operatively. If intussusception is diagnosed within a few hours of onset of symptoms, it may be possible to attempt reduction (to push the intestine back) using a liquid contrast enema or air contrast enema (the same tests that are used for diagnosis). This is a radiologic procedure, not a surgical procedure, and the patient does not need anesthesia. The liquid contrast enema or air contrast enema procedures have a 60 to 70 percent success rate, with a 6 to 10 percent rate of intussusception recurrence (return). It is performed under either ultrasound or fluoroscopy guidance depending upon available facilities and expertise in a particular setup.

They have a low risk of complications, as well. If radiologic reduction is unsuccessful, then the patient will need surgery.

Surgery may also be done if there is a great deal of infection, or if the patient is too ill for the radiologic procedure.

- Surgery is done under general anesthesia
- In suitable places, laparoscopic surgery can also be helpful depending upon availability of facilities and experienced laparoscopic pediatric surgeon
- Alternatively, open surgery can be done through an incision on the right side of the abdomen, and the intestine is pushed back into its normal position.
- If the intussusception cannot be reduced, then the surgeon may have to remove the irreversibly damaged segment of bowel.

Are there any alternatives to surgery ?

Non-operative methods as described before are useful only when the child comes early, ie within 48 hours. In selected cases it can be attempted up to 72 hours. Later the chances of complications increase.

What are the possible complications / what happens after the operation ?

The child is given pain medication to stay comfortable after the surgery. The child will require intravenous fluids for several days, because the intestines are temporarily slowed. Feedings are not given during this period. Gradually, most children are able to feed again by the same or next day depending upon the preoperative status and the ease of reduction. If intestine needs to be resected then resumption of feeds can take several days.

The child will be ready for discharge from the hospital when regular diet can be digested, has no fever and no drainage from the wound, and has normal bowel function. Most children will require rest at home for few days or weeks before resuming normal activities.

What is the outlook or future of these children ?

A follow-up is required for several weeks after surgery to evaluate recovery and look for any complications.

The usual complication that can happen is adhesions and obstruction after surgery or a recurrence of intussusception where surgery was not done but radiological reduction was done.

In the long term, intussusception patients usually do well without any deleterious effects on health and wellbeing of the child.

Only in patients with certain syndromes, especially bigger children with intestinal polyps, they need a regular followup for development of recurrence or malignancy in the polyps.