Intussusception – in children

What is intussusception?
Intussusception is a serious but curable condition which occurs most commonly in babies aged between 3 and 24 months.

One part of the intestine (‘gut’) slides forward and becomes stuck within the next section of intestine, like one part of a telescope sliding into another. This is most commonly caused by swelling of part of the intestinal wall due to a viral infection.

The blood supply to the affected part of the intestine is reduced, the intestine swells and may become blocked. This can make your child very unwell.

Why has this blockage made my child unwell?
Normally drink and food are pushed along the intestine by a series of muscle contractions. These contractions continue in spite of the blockage which is very painful. Between intestinal contractions your child may settle.

Food and fluid collects in the stomach and intestine above the blockage. This can make your child’s tummy appear swollen and children often vomit.

The intestine may bleed due to the blockage and blood which often resembles red-current jelly may be seen in your child’s nappy.

How is intussusception diagnosed?
A doctor will examine your child and if intussusception is suspected children will usually have an ultrasound scan of their abdomen to help diagnose intussusception and some blood tests may be taken. Sometimes other tests are also carried out such as an x-ray of the abdomen or an air enema (see below).
Whilst your child is having tests carried out, your nurse will be closely monitoring your child. Your child will not be allowed to eat or drink and so will have a drip (‘intravenous fluid’) to prevent dehydration. To try and prevent vomiting, most children will have a ‘nasogastric (NG) tube’ passed (by a nurse) through their nose and into their stomach. Stomach contents can then pass up the tube and into a bag rather than being vomited. Antibiotics may also be given to prevent infection.

How is intussusception treated?

There are two ways of treating intussusception:

1. **Air Enema (non-surgical)**

   An air enema is carried out in the x-ray department and you can usually be present with your child if you wish. A tube is placed into your child’s bottom. Air is passed into the tube by gentle pressure which can push the telescoped part of the intestine back into place, clearing the blockage.

   If an air enema is successful your child will return to the ward and be allowed a drink after a few hours. Your child will continue to be monitored for a few days.

   Sometimes air enemas do not cure the intussusception and an operation will be needed. Rarely an air enema can result in the bowel perorating which requires emergency surgery.

2. **Surgical correction**

   If the air enema did not resolve the intussusception or if the surgeon thinks your child is too unwell to have an air enema, an operation will be required to surgically correct the intussusception. The operation will be carried out under a general anaesthetic.

   The surgeon will make a cut and locate the telescoped part of the intestine. The surgeon will then gently push the telescoped part back into place, clearing the blockage. If the intestine is damaged where the blockage had been, it may be necessary to remove this section and join the ends together. Rarely, in severe cases, it is necessary to form a stoma whereby a small section of the bowel is pulled through the skin so that stool (poo) is passed into a bag on the skin rather than through the anus. Needing to have a stoma due to intussusception is very rare and the stoma itself is usually temporary.

   The wound will be stitched on the inside of the skin with dissolvable stitches. Sometimes paper tapes called ‘steristrips’ are also applied.

   After the operation your child will be monitored closely; if your child has been very unwell this may be in the children’s intensive care unit.
After the operation the intestine will not begin to work normally immediately; this usually takes a few days. During this time your child will continue to have a drip and the nasogastric tube will stop the feeling of sickness.

Drinks will be given to your child once their intestine has started to work normally again (this will be indicated by the colour of fluid in the nasogastric tube changing from green or yellow to being clear and by the volume getting less). Medicines will also be given to stop pain.

Once your child is eating and drinking normally again and is having his/her bowels open you will be able to go home. This may be several days later.

**Can intussusception occur again?**

Intussusception can occur again although in most cases it does not. Reoccurrence usually occurs within a day or so of the first episode. It will be obvious to you that intussusception has reoccurred as the same symptoms will develop. If symptoms do recur it is essential that your child is taken immediately to your nearest hospital.

**Looking after your child at home**

- Some discomfort is normal, paracetamol (‘Calpol’) can be given. It is important to follow the dose instructions on the bottle.
- Your child should not be bathed for five days after the operation. If steristrips were applied these should be allowed to fall off by themselves.
- Wound infections are rare. However, if the wound looks red or swollen you should see your GP.
- There is no need for any changes to diet.
- There is no known increased risk of intussusception in other children within the family.

**For more information or questions:**

We are always happy to answer any questions. If you need further advice or information please contact:

Clinical Nurse Specialists: 01223 586973 (08:00 to 18:00 Monday to Friday)

Ward........................................................................................................................................

**Chaperoning**

During your child’s hospital visits he will need to be examined to help diagnose and to plan care. Examination, which may take place before, during and after treatment, is performed by trained members of staff and will always be explained to you beforehand.
A chaperone is a separate member of staff who is present during the examination. The role of the chaperone is to provide practical assistance with the examination and to provide support to the child, family member/carer and to the person examining.

**Privacy & Dignity**

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

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We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

**Other formats:**

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

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