

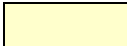





Bilious Vomiting Parent Information

Dear Parent,

Your baby has had a green vomit. This is sometimes called **bilious vomiting**.

What is Bilious Vomiting?

Bilious vomiting is when there is a significant (more than just a spot or two on the sheets) quantity of green (usually dark green) **not** yellow vomit. The following chart is also helpful.

True bile-stained vomit that requires immediate attention is DARK GREEN like these.		Milk
		Lemon
		Lime
		Avocado
		Pea
		Spinach

It is a fairly common problem in newborn babies and is often nothing to worry about. Sometimes the vomiting can be caused by an infection so your baby will be given antibiotics as a precaution. However, in some babies, it can be a sign that something is wrong and can be a sign of a tummy problem of some type.

What will happen?

Most babies remain well and don't have a serious problem, but it is important that your baby is cared for appropriately and is checked to rule out some serious causes. This includes:

- Examination by a doctor.
- Some blood tests to check for infection and signs of being seriously unwell.
- An X-ray to check for blockages or other bowel problems.

The doctors will also temporarily stop your baby's milk feeds and give some intravenous (IV) (via a small tube into their vein) fluid instead until the tests are done. A nasogastric tube, a tube into the nose going down into the stomach, will also be passed. This help stop your baby's tummy from becoming distended (swollen).

What happens after the tests?

In some babies (about 1 in 4 of babies with bilious vomiting), where there are signs of a significant problem with their tummy, it is important that they are seen by a children's surgeon to work out if they have a problem which might need an operation.

Depending on which hospital you baby has been born at, this might mean transferring your baby, by ambulance, to another hospital which has paediatric surgeons.

Malrotation

In about 1 in 12 babies with bilious vomiting, a condition called 'malrotation' is the cause. Malrotation means that some of the bowel is in the wrong place which can mean that it becomes

twisted and blocked. This can also cause the blood supply to the bowel to be affected in a small number of babies. If the blood supply is affected this is called 'volvulus' and can be a serious problem. Most babies with malrotation have no other signs they are ill, and their x-ray can also be normal.

The only way to check for this condition is with a special x-ray called an 'upper GI contrast study'. This involves giving your baby a small amount of special dye to drink and then x-raying the tummy so that the dye outlines the bowel so that the doctors can see that it is in the correct position.

What happens during an Upper Gastrointestinal (GI) Contrast Study?

For this test your baby will usually need to go to the x-ray department. Contrast studies usually use a thick, white liquid called barium that shows up well on x-rays. It is given with some milk usually by bottle or tube to your baby. The liquid shows up on the x-ray and shows the position of the stomach and first part of the bowel. This helps to show that the bowel is in a normal position.

The test only involves the drink and x-rays and is not painful or uncomfortable.

What happens after the tests?

Depending on the results of the x-rays and blood tests the doctors will explain what needs to happen next. If all the tests are normal, then your baby should be able to restart their milk. They will be able to come home with you when the medical and nursing staff are happy they are feeding well enough and have finished their antibiotics.

If your baby has signs of infection on their blood tests they will usually need at least five days of IV antibiotics in hospital.

If there is a problem with your baby's tummy, it may be a condition which requires surgery or ongoing treatment from the paediatric surgeons. The doctors will explain what the condition is and what treatment is recommended.

If your baby has malrotation this usually requires an operation. This is usually a straightforward procedure but it does require an anaesthetic and your baby will need to stay in hospital for a few days. After the operation they will be able to restart their milk feeds gradually. Once it has been operated on malrotation should not cause any future problems and the operation prevents the risk to the blood supply of the bowel. Follow up with a surgeon may be organised.