

consists of a longitudinal incision through the circular muscle fibers of the pylorus down to, but not including, the submucosa (pyloromyotomy, or the Fredet-Ramstedt operative procedure) (see [Fig. 22-6, B](#)). The procedure has a high success rate. Laparoscopic surgery through a single small incision often results in a shorter surgical time, more rapid postoperative feeding, and shorter hospital stay ([Hunter and Liacouras, 2016](#)).

Feedings are usually begun 4 to 6 hours postoperatively, beginning with small, frequent feedings of water or an electrolyte solution. If clear fluids are retained, about 24 hours after surgery formula is started in the same small increments. The amount and the interval between feedings are gradually increased until a full feeding schedule is reinstated, which usually takes about 48 hours.

## Prognosis

The prognosis for infants and small children with HPS is excellent when the diagnosis is confirmed early, and the mortality rate is low (0 to 0.5%). A small percentage of children with HPS will have gastroesophageal reflux.

## Nursing Care Management

Nursing care involves primarily observation for clinical features that help establish the diagnosis, careful regulation of fluid therapy, and reestablishment of normal feeding patterns. Assessment is based on observation of eating behaviors and evidence of other characteristic clinical manifestations, hydration, and nutritional status.

Preoperatively, the emphasis is placed on restoring hydration and electrolyte balance. Infants are usually given no oral feedings and receive IV fluids with glucose and electrolyte replacement based on laboratory serum electrolyte values and clinical appearance.

Observations also include assessment of vital signs, particularly those that might indicate fluid or electrolyte imbalances. These infants are prone to metabolic alkalosis from loss of hydrogen ions and depletion of potassium, sodium, and chloride. Assess the skin, mucous membranes, and daily weight for alterations in hydration status.

If stomach decompression is used preoperatively, the nurse is