

responsible for ensuring that the tube is patent and functioning properly and for measuring and recording the type and amount of drainage. Parental involvement is encouraged and promoted.

Postoperative vomiting is common, and most infants, even with successful surgery, exhibit some vomiting during the first 24 to 48 hours. IV fluids are administered until the infant is taking and retaining adequate amounts by mouth. Much of the same care that was instituted before surgery is continued postoperatively, including observation of vital signs, monitoring of IV fluids, and careful monitoring of fluid intake and output. In addition, the infant is observed for responses to the stress of surgery and for evidence of pain. Appropriate analgesics should be given around the clock because pain is continuous. The surgical incision(s) is inspected for drainage or erythema, and any signs of infection are reported to the surgeon. A surgical adhesive may be used for incision closure, and parents are instructed regarding the care of the incision and any dressings before discharge.

Feedings are usually instituted within 12 to 24 hours postoperatively, beginning with clear liquids advancing to formula or breast milk as tolerated. Observation and recording of feedings and the infant's responses to feedings are a vital part of postoperative care. Care of the operative site consists of observation for any drainage or signs of inflammation and care of the incision.

## Intussusception

Intussusception is the most common cause of intestinal obstruction in children between 5 months old and 3 years old ([Kennedy and Liacouras, 2016](#)). Intussusception is more common in males than in females and is more common in children younger than 2 years old. Although specific intestinal lesions occur in a small percentage of the children, generally the cause is not known. More than 90% of intussusceptions do not have a pathologic lead point, such as a polyp, lymphoma, or Meckel diverticulum. The idiopathic cases may be caused by hypertrophy of intestinal lymphoid tissue secondary to viral infection.

## Pathophysiology

Intussusception occurs when a proximal segment of the bowel