respiratory distress and esophageal stricture (poor feeding, choking, dysphagia, drooling, regurgitating undigested food). Discharge planning also includes obtaining the necessary equipment and home nursing services to provide home care.

Hernias

A **hernia** is a protrusion of a portion of an organ or organs through an abnormal opening. The danger of herniation arises when the organ protruding through the opening is constricted to the extent that circulation is impaired or when the protruding organs encroach on and impair the function of other structures.

The umbilical hernia is a common hernia observed in infants. An umbilical hernia usually is an isolated defect, but it may be associated with other congenital anomalies, such as Down syndrome (trisomy 21) and trisomies 13 and 18. Inguinal hernias account for approximately 80% of all childhood hernias and occur more frequently in boys than in girls. An inguinal hernia that cannot be reduced easily is called an **incarcerated hernia**. A **strangulated inguinal hernia** is one in which the blood supply to the herniated organ is impaired. If left untreated, both incarcerated and strangulated hernias will progress to necrotic bowel.

Obstructive Disorders

Obstruction in the GI tract occurs when the passage of nutrients and secretions is impeded by a constricted or occluded lumen or when there is impaired motility (paralytic ileus). Obstructions may be congenital or acquired. Congenital obstructions (such as esophageal or intestinal atresia, imperforate anus, meconium plug, and meconium ileus) usually appear in the neonatal period. Other obstructions of congenital etiology (such as malrotation, Hirschsprung disease, pyloric stenosis, volvulus, incarcerated hernia, and Meckel diverticulum) appear after the first few weeks of life. Intestinal obstruction from acquired causes such as intussusception and tumors may occur in infancy or childhood. Intestinal obstructions from any cause are characterized by similar signs and symptoms (Box 22-8).