

Necrotizing enterocolitis

What is necrotizing enterocolitis?

Necrotizing enterocolitis (**nek-roe-tize-ing en-ter-oe-koe-lie-tis**), also called NEC, is an acute inflammatory infection of the bowel (intestine). Preterm infants are more likely to get NEC than full-term infants.

The exact cause is unknown, but it appears to occur when an infant has had decreased blood flow to the bowel. The bowel wall breaks down and bacteria can enter. Preterm infants cannot fight bacteria as well as full-term infants.

How is the diagnosis made?

If a baby has a bloated abdomen (belly), trouble tolerating feedings, or other signs of “not doing well” (such as vomiting or slow emptying of the stomach), then feedings may be stopped and an X-ray of the abdomen may be done.

If the X-ray shows a swollen intestine or air bubbles in the wall of the intestine, then treatment for NEC is started.

How is it treated?

All feedings into the stomach may be stopped. A small tube will be put in the infant’s stomach through the mouth or nose (OG or NG tube) and may be attached to suction to keep the stomach empty.

Your baby will have an intravenous (IV) line to provide fluids and nutrition. IV antibiotics may be needed to prevent infection. Your baby will be monitored by X-ray (as often as every 2 to 4 hours) and given extra oxygen and breathing support if needed.

When your baby gets better, feedings will be slowly restarted. This process can take a few weeks or longer, depending on how well the baby does.

If the X-ray shows that the intestine is perforated (leaking), surgery may be needed to remove that part of the intestine. The baby may also need an ostomy (an opening made between the intestine and the surface of the skin) so that the intestine can “rest” and heal.

What can I expect after surgery?

After surgery most babies are on a ventilator (breathing machine) and get their fluids, pain medicine, and nutrition by IV.

The doctors and nurses will watch for:

- further infection.
- unstable temperature.
- signs that the bowel is healing.
- signs that the ostomy is working well.

Your baby will be in the neonatal intensive care unit (NICU) until stable.

How can I care for my baby?

You can be involved in your baby's care right away! This could include changing the diaper, taking the temperature, or comforting your baby by talking softly or singing. Both you and your baby can enjoy and benefit from holding when your baby is ready. As always, be sure to wash your hands well before and after touching your baby.

Questions?

This sheet is not specific to your child but provides general information. If you have any questions, please ask the nurse or doctor.

For more reading material about this and other health topics, please call or visit the Family Resource Center library, or visit our Web site: www.childrensmn.org.

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