Pyloromyotomy- (Ramstedt’s Operation)
Child / Young Person

Facility:

A. Interpreter / cultural needs

An Interpreter Service is required? [ ] Yes [ ] No
If Yes, is a qualified Interpreter present? [ ] Yes [ ] No
A Cultural Support Person is required? [ ] Yes [ ] No
If Yes, is a Cultural Support Person present? [ ] Yes [ ] No

B. Condition and treatment

The doctor has explained that you and/or my child has the following condition: (Doctor to document in patient’s own words)

This condition requires the following procedure. (Doctor to document - include site and/or side where relevant to the procedure)

The following will be performed:
A Pyloromyotomy or Ramstedt’s procedure is where the muscle of the pylorus (at the end of the stomach) is divided to allow normal stomach emptying.

C. Risks of a pyloromyotomy- (ramstedt’s operation)

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:
• Infection can occur which may require treatment including antibiotics.
• Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin or Asprin.
• Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
• Impaired circulation may occur to a limb or to an organ which may require further treatment
• Death or brain damage as a result of this procedure is possible.

Specific risks:
• Rarely when the muscle is divided, the stomach lining may be holed. This could result in leakage of stomach fluid into the abdomen. This may need further surgery.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

• Damage to the bowel, which may cause leakage of bowel fluid. This may need further surgery.
• Deep bleeding in the abdomen. This may need fluid replacement or further surgery.
• The bowel movement may be paralysed or blocked after surgery. This may cause a build up of fluid in the bowel with bloating of the tummy and vomiting. Further treatment may be necessary.
• A weakness in the wound with complete or incomplete, bursting of the wound in the short term, or a hernia in the long term. This may need further surgery.
• The baby may continue to vomit for some days after the operation.
• Rarely further surgery may be necessary to divide more muscle.
• In some babies, healing of the wound may be abnormal and the wound can be thickened and red and may be painful.
• Adhesions (bands of scar tissue) may form and cause bowel blockage. This can be a short term or a long-term complication and may need further surgery.

E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

F. Anaesthetic

This procedure may require an anaesthetic. (Doctor to document type of anaesthetic discussed)
I acknowledge that the doctor has explained to me and/or my child:

- the medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me/my child.
- other relevant procedure/treatment options and their associated risks.
- my/my child’s prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve the condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my/my child’s condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, health care will be provided in accordance with good clinical practice and in the best interests of the patient.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Information Sheet/s:

- About Your Child’s Anaesthetic
- Pyloromyotomy - (Ramstedt’s Operation) - Child/Young Person

On the basis of the above statements,
1. What is do I need to know about this procedure?
A Pyloromyotomy or Ramstedt’s procedure is where the muscle of the pylorus (at the end of the stomach) is divided to allow normal stomach emptying.

2. My anaesthetic
This procedure will require an anaesthetic. See About Your Child’s Anaesthetic for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor. If you have not been given an information sheet, please ask for one.

3. What are the risks of this specific procedure?
There are risks and complications with this procedure. They include but are not limited to the following.

General risks:
- In some babies, healing of the wound may be abnormal and the wound can be thickened and red and may be painful.
- Adhesions (bands of scar tissue) may form and cause bowel blockage. This can be a short term or a long-term complication and may need further surgery.

Specific risks:
- Rarely when the muscle is divided, the stomach lining may be holed. This could result in leakage of stomach fluid into the abdomen. This may need further surgery.
- Damage to the bowel, which may cause leakage of bowel fluid. This may need further surgery.
- Deep bleeding in the abdomen. This may need fluid replacement or further surgery.
- The bowel movement may be paralysed or blocked after surgery. This may cause a build up of fluid in the bowel with bloating of the tummy and vomiting. Further treatment may be necessary.
- A weakness in the wound with complete or incomplete, bursting of the wound in the short term, or a hernia in the long term. This may need further surgery.
- The baby may continue to vomit for some days after the operation.
- Rarely further surgery may be necessary to divide more muscle.

Notes to talk to my doctor about: