

Endoscopic balloon dilatation for insufficient laparoscopic pyloromyotomy in pyloric stenosis

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Abstract

Endoscopic balloon dilatation for insufficient Laparoscopic Pyloromyotomy in Pyloric Stenosis: A 2 month-old boy presented with projectile, non-bilious vomiting and failure to thrive. Clinical suspicion of pyloric stenosis was confirmed with ultrasound. After correction of the hypokalemic hypochloremic metabolic alkalosis a laparoscopic pyloromyotomy was performed. The baby continued to vomit with evident gastric peristalsis in the epigastrium. Upper GI contrast study on post-operative day 3 revealed residual proximal pyloric stenosis. An upper GI endoscopy was performed confirming residual stenosis which was ablated with balloon dilatation. This resulted in immediate improvement for the baby and tolerance of feeds. Discussion – endoscopic balloon dilatation for insufficient pyloromyotomy has not been reported previously. This proved a very useful and safe technique in this setting which occurs in 4% of laparoscopic pyloromyotomies.

includes pediatric anal endosonography, advanced pediatric laparoscopy, minimally invasive surgery and bariatric surgery for adolescents.

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Biography:

Niall Jones earned his Bachelor of Medicine and Surgery from National University of Ireland, 1995. He also has a doctorate of medicine in Pediatric Anal Endosonography from National University of Ireland, 2005. He completed his training in Pediatric Surgery in UK, 2007. He also has a diploma in Advance Laparoscopy from University of Strasbourg, France, 2012 and a Masters in Clinical Leadership from University of Tasmania, Australia, 2015. He's a member in The Royal College of Surgeon, Ireland, The Royal Australasian College of Surgeons, Australia and The British Association of Pediatric Surgeons. Dr. Niall has more than 25 years of experience in many reputable medical organizations in UAE, Ireland, UK and Australia. Lately he was a Pediatric Surgery Consultant in one of the leading hospitals in Sharjah. His scope of services