Intussusception is a true intestinal obstruction, and requires immediate attention. If left untreated, it will progress to bowel distention, damage, necrosis and rupture, followed by peritonitis (inflammation of the abdominal cavity), severe infection and shock. However, this is one of the few forms of obstruction that do not always require an operation. In about 70% of the cases, the intussusception can be pushed back by running liquid (typically, barium) or air under tightly controlled pressure, while the child's abdomen and intestines are being monitored by X-rays. Performing a barium enema in a child suspected of having intussusception therefore helps to establish the diagnosis (the blockage can be seen on X-ray) and treat the condition (ultrasound will sometimes be used to diagnose (or rule out) intussusception, but a barium (or air) enema will still be necessary to treat it).

The longer the intussusception has been present, the more difficult reduction by barium or air enema will be. Sometimes, the child will be so sick that the surgeon or the radiologist will judge this technique to be too dangerous. Even if a reduction under X-ray monitoring can be attempted, it may not succeed in relieving the obstruction. In both these situations (which occur 20 to 30% of the time), the obstruction will have to be corrected surgically.

WHAT HAPPENS IF MY CHILD NEEDS SURGERY?

If X-ray reduction is too dangerous or unsuccessful, your child will need to be operated on emergently to relieve the intestinal obstruction. As for the X-ray technique, your child will first have to be hydrated (between the vomiting, the poor appetite and the obstruction itself, your child will have become moderately to severely dehydrated). This will be done intravenously.

Your child will then undergo an operation under general anesthesia. An incision will typically be made in the child's right lower abdomen, not unlike what is done for appendicitis. The obstruction will be found and corrected, by gently separating the telescoped loops of bowel. Rarely, a portion of the bowel will be so diseased that it is safer to remove it.

WHAT HAPPENS AFTERWARDS?

Once the intussusception is reduced (with X-ray or surgically), your child will gradually recover. He will be kept without food initially, to allow his intestines to rest. Depending on whether or not your child required an operation, feeding will be started within hours or the following day(s). As soon as a regular diet is tolerated, your child will be discharged home.

Intussusception can sometimes occur again (approximately 10% of the time); not uncommonly, this will happen within the first day or two after the initial attack (often while your child is still in the hospital). If X-ray reduction was successful the first time, it is very likely that the same treatment will be successful again. Ultimately, your child will outgrow the risk of intussusception, and there should be no lasting effects.