

Meconium Ileus

Meconium is the name given to the first bowel movement, or stool, that a newborn has. It is very thick and sticky. Meconium ileus is an obstruction that occurs when the meconium is even thicker and stickier than normal, creating a blockage in the bowel. Meconium ileus is one of the earliest signs of CF and occurs in simple or complex form in approximately 20% of babies diagnosed with CF. However, it can also occur in babies who do not have CF.

Diagnosis of meconium ileus

Meconium ileus can sometimes be diagnosed before birth. Signs of a blockage may be seen on a prenatal ultrasound. However, it is often diagnosed after birth.

The earliest signs of meconium ileus are no bowel movement in the first 24 hours after birth, a swollen belly and bilious (green) vomit. If meconium ileus is suspected, your child's doctor will order an abdominal x-ray to find out if there is a blockage in the intestines. A contrast enema may also be performed to assist in confirming a diagnosis. This is an x-ray study that shows the structure of the rectum, colon, and large intestine.

Treatment

If the baby has simple meconium ileus, conservative treatments will be used, such as an enema, to try and wash out the blockage. An enema involves an injection of fluids to stimulate the emptying of the bowel. In many cases, an enema is successful in clearing the blockage. If, however, the enema isn't successful in breaking up the meconium, or your newborn has complex meconium ileus, they will require surgery.



During surgery, the damaged section of bowel will be removed, known as a bowel resection, and a piece of the small intestine is brought out to the surface of the skin to create what is known as an ileostomy. This is temporary.

Your baby will be able to go home with the ileostomy and you will be well supported in how to care for your baby's ileostomy and will have regular follow up and support. More enemas may be performed through the open ends of the intestine until the meconium is completely removed.

Once the meconium has been removed, and the bowel has had time to heal, another surgery will be performed to repair the gastrointestinal tract and close the ileostomy, usually around 6-12 weeks after the initial surgery.

After care

Following this surgery, your baby will be cared for in the Newborn Intensive Care Unit (NICU) until they are ready to go home, usually one to two weeks. They will be managed with pain relief and prescribed antibiotics to prevent infection. Your child will be ready to go home when the incisions are healing nicely, there are no fevers, and your baby is able to drink, urinate and have a bowel movement.

Following discharge, there will be follow up appointments with the surgeon and CF team to ensure the incision is healing and your baby is gaining weight and growing as they should. You can contact your CF team at any time with concerns or questions.

CFWA support

Diagnosis of CF and dealing with meconium ileus can be a particularly stressful time for parents. CFWA are here to provide various services and support to families affected by CF. Our website has a range of information about what we offer. Please contact our Services Manager on 08 6224 4100 or servicesmanager@cfwa.org.au for further support

Useful resources

- [Information for New Parents](#) (CFWA)
- [Living with CF- Newborns](#) (CFWA)
- [Services for Families Flyer](#) (CFWA)
- [How we dealt with our newborn's CF-related bowel problems](#) (CF Foundation)