Gastroschisis

Neonatal surgery

Patient information

What is gastroschisis?

Gastroschisis is a condition in which a baby has a small hole in the front of their tummy, just to the side of the umbilical cord, through which some of the bowel (intestine) is sticking out. Your antenatal scans enable us to diagnose this condition, as this bowel is easily seen on the ultrasound scan.

You may need more frequent scans as often babies with gastroschisis are smaller.

This is a rare problem and occurs in around one in every 3000 births.

What happens at the delivery?

It is possible for you to deliver your baby vaginally unless there are other reasons why you need a caesarean section.

However, we would recommend that your baby be delivered at St George’s Hospital as your baby will need to be seen by a paediatric surgeon and transferred to the neonatal unit soon after birth.

Initial management

Following the birth your baby’s bowel will be wrapped in a protective film to reduce heat and fluid loss. A drip will be placed into a small vein so that intravenous fluids and medications can be given. Your baby will not initially be able to feed in the normal way and a naso-gastric tube (NG tube) will be passed through your baby’s nose into the stomach to drain away the bile (green fluid) that collects here.

Treatment

Soon after delivery we will start to put the bowel back inside his/her tummy. It is usually possible to place the bowel into a pre-formed silo (an envelope made of plastic sheeting), where it will remain for a few days. During this time the bowel will be gently squeezed back inside the baby’s tummy.

Once the bowel is back inside, the bag will be removed and the hole is closed. This dressing usually stays on for seven days, after which some of the dressing is removed. The hole heals over the next two weeks. This technique does not require an operation.
Sometimes the bowel is too swollen/big to get into the bag and an operation under anaesthetic may be needed. Sometimes it is possible to put the bowel back inside the tummy and stitch the hole closed. However this is not always possible if there is not enough room in the tummy. In this case a temporary surgical silo is made on the outside of your baby’s tummy. The bowel is then gently squeezed back inside the tummy by 10 to 14 days. A second operation is needed to remove the silo and close the hole.

If the closure of the hole is tight your baby may need help with breathing for a few days.

**After the operation**

Sometimes complications do occur after the operation; such as wound infections, inflammation/infection of the bowel and further obstruction of the bowel. We will keep you fully informed of your baby’s condition should this happen.

**Can I feed my baby?**

Immediately following birth, feeding your baby with milk is not possible. It will be three to six weeks before your baby can receive milk. We would recommend expressing breast milk in preparation and the neonatal nurses are more than happy to discuss this with you. During this time your baby will need drip feeds (Parenteral Nutrition) through a long line. A long line is a special type of drip that is placed in a small vein in an arm or leg and feeds into larger veins, which allows the drip to last longer.

Once the bowel is back inside the tummy and the green aspirates (bile) are less, your baby can start milk feeds through the feeding tube. However this will be small volumes to start with and the amounts will be increased slowly depending on how he/she tolerates them. Once recovery has occurred the baby should be able to feed normally, either by breast or bottle.

**Is gastroschisis associated with any other congenital problems?**

Gastroschisis is not normally associated with other problems at birth. We expect most babies born with this condition to develop normally. In some babies with Gastroschisis there is narrowing of the bowel called an atresia. Sometimes this atresia is noticed at birth but more often diagnosed around four to six weeks of age when the baby is not able to tolerate milk. X-rays are carried out to confirm whether an atresia is present.

If an atresia is confirmed, the baby would need a further operation to put this right.

In a small number of babies the gastroschisis is complicated by further problems with the bowel that are not normally detected before the baby is born. The blood supply to the bowel is sometimes interrupted resulting in parts of the bowel being irreversibly damaged or missing. This is known as short bowel syndrome |. It could mean long term hospitalisation and drip feeding. Sadly many of these babies do not survive.

**Long-term and follow-up**

Following discharge from the neonatal unit, there will be regular check-ups to monitor your baby’s progress. Your baby will be seen in the outpatient’s department, which may take place at your local hospital. Your baby should be able to feed and wean normally. Some babies with gastroschisis take a little longer to gain weight and some may have problems with constipation. These are normally short term problems.
Babies who have had a preformed silo will not have a tummy button but it is now possible to have surgery later in childhood to make one.

Following an operation there is always a small risk of a future obstruction occurring. If your baby has a bilious (green) vomit or a distended (swollen) abdomen medical advice should be sought.

**If St George’s Hospital is not your local hospital**

Once your baby has had surgery and made a good recovery, i.e. when their specialist medical and nursing requirements are less, the baby will be transferred back to the care of your local hospital. This transfer is a sign of progress and will not occur until the baby is ready. It will allow you to be closer to home and become familiar with your local healthcare professionals.