Gastroschisis

This leaflet offers more information about gastroschisis. If you have any further questions or concerns, please speak to the staff member in charge of your baby's care.

What is gastroschisis?

Gastroschisis is a condition in which a baby has a small hole in the front of their abdomen, 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 babies with gastroschisis are often smaller.

The condition occurs in about 5 in 10,000 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, it is recommended that your baby is delivered at St George's Hospital as your baby will need to be transferred to the neonatal unit after birth and to be seen by a paediatric surgeon.

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 as babies with gastroschisis won't be able to easily digest milk for a few weeks. A naso-gastric tube (NG tube) will be passed through your baby's nose into their stomach to drain away the bile (green fluid) that collects here. This lessens the risk of your baby vomiting and reduces discomfort.

Treatment

Soon after delivery we will start to put the bowel back inside his/her abdomen. It is usually possible to place the bowel into a pre-formed silo (an envelope made of plastic sheeting) for protection. Over the next few days, the silo is reduced in size to gently coax the bowel inside the baby's abdomen until it is completely inside.

Once the bowel is back inside the baby is taken to theatre and placed under anaesthetic, after which the bag will be removed, the hole will be closed and a dressing applied. This dressing usually stays on for seven days before it is changed. The hole heals over the next two weeks.

Sometimes the bowel is too swollen or large to get into the pre-formed silo and an operation under anaesthetic may be needed. Sometimes it is possible to put the bowel back inside the abdomen and to stitch the hole closed. However, this is not always possible if there is not enough room in the abdomen. In this case a temporary surgical silo is made on the outside of your baby's abdomen and the bowel is then gently coaxed back inside the abdomen by one to two weeks. A second operation is needed to remove the silo and to close the hole.

If the closure of the hole is tight your baby's abdomen can be very is full and they may need help with their breathing by mechanical ventilation for a few days.

After the operation

Sometimes complications do occur after the operation, such as wound infections, wound breakdowns, inflammation/infection of the bowel and further obstruction. 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 until the abdomen has been closed. Starting milk feeds can take up to several weeks. We would recommend expressing breast milk in preparation and the neonatal nurses are more than happy to discuss this process with you. During this time your baby will need drip feeds (Parenteral Nutrition or PN) 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 abdomen 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. Usually, an atresia is noticed at birth but can be diagnosed in the next few weeks when the baby is not able to tolerate milk. X-ray tests can be helpful in confirming 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 gastroschisis is complicated by further problems with the bowel that are not normally detected until after the baby is born. The blood supply to the bowel is sometimes interrupted, resulting in parts of the bowel being irreversibly damaged or missing. If there is a significant loss of bowel length, there will not be enough bowel to absorb all the milk feed required for growth and there will need to be PN feeding. (We have a separate leaflet we can give to parents about this procedure.) This is known as short bowel syndrome and it could mean long term hospitalisation for drip feeding. Sadly many of these babies do not survive but this is an uncommon situation.

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 outpatients 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 gastroschisis will not have a typical abdomen button but there is usually a scar present.

Following an operation there is always a small risk of a future bowel obstruction occurring. If your baby has a bilious (green) vomit, is not passing bowel motions or has 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 fewer, 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.

Useful sources of information

NHS pregnancy and baby guide
http://www.nhs.uk/conditions/pregnancy-and-baby/

BLISS is a support group which is able to offer support and advice to families with babies with a range of conditions.

68 South Lambeth Road
London SW8 1RL
Helpline: 0870 7700 337
Email: Information@bliss.org.uk
Website: www.bliss.org.uk
Use your smartphone to scan the QR code (you may need to download a QR code scanning app).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough Wing (near the lift foyer).
Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.
Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.
Tel: 111

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