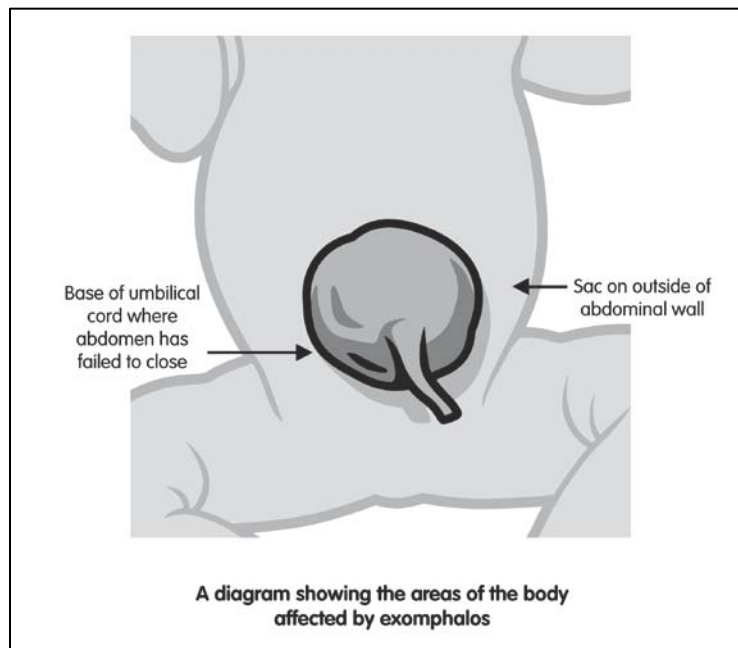


## Exomphalos



Exomphalos (sometimes call 'omphalocele') occurs when the abdomen fails to close around the base of the umbilical cord during the early development of your baby. This allows the contents of your baby's abdomen, mainly the bowel and the liver, to stick outside the abdominal cavity (a hollow space in the body which contains the bowels, stomach, kidneys, liver etc) where they are contained in a loose sac that surrounds the umbilical cord. As the contents are lying outside it, the abdominal cavity often does not develop properly and remains small in size.

### Why does exomphalos occur?

The cause of this condition is unknown. About half of all babies with exomphalos will have other problems. Most commonly affected are the heart, lungs, and kidneys. Detailed scans will be performed during pregnancy but it is not always possible to detect other problems before the baby is born. There is also an increased risk of a genetic abnormality that can cause abnormal physical appearance or delayed mental development.

## Initial treatment

After your baby is born, the sac on the outside of your baby will be wrapped in a protective film to reduce heat and fluid loss. A drip will be placed into a small vein so fluids containing nutrition and medicine can be given. A tube will be passed through your baby's nose into the stomach to drain away the green fluid (bile) that collects there. This lessens the risk of your baby vomiting and reduces discomfort.

Your baby will be examined in order to identify any other problems and may need further tests.

## Surgery

The size of the sac and its contents can vary greatly from being very small to very large. It is therefore impossible to say exactly what type of operation is required for exomphalos until your baby is born and the actual size can be seen. However there are a number of different treatments, any of which can be used depending upon the size of the exomphalos.

These are:-

### Primary repair

If small, it is possible in one operation to move the exomphalos back inside the abdominal cavity and repair the muscles and the skin.

### Staged repair

If the exomphalos is large, it may not be possible to close it in a single operation. Therefore, your baby would require an initial operation to construct a temporary envelope of plastic sheeting (silo) outside the stomach. The silo would then be made smaller over a period of about ten to 14 days, so that the contents of the abdomen can be gradually pushed back inside. A final operation is necessary to completely replace the contents and repair the muscles and skin. If the closure is very tight your baby may need to be on a ventilator for some days to help with breathing.

The surgeon may opt just to close the skin of the abdomen over the exomphalos and not repair the muscles. Following this, your baby will be left with a ventral hernia (a bulge of the abdomen wall) and a further operation will be needed to repair the hernia at about three years of age. In the meantime your baby should be able to go home and live normally while waiting for the second operation.

For all these procedures painkillers will be given as necessary.

### **Conservative treatment**

If the exomphalos is very large it may not be possible to close it until your baby is older and the size of the abdominal cavity has grown. Skin will gradually grow over the exomphalos during the next few weeks/months. Your baby may be able to return home before the exomphalos is fully covered by skin. With this type of treatment your baby will be left with a ventral hernia which will be repaired at about three years of age. The overall length of time that your baby spends in hospital with this condition varies depending on the type of treatment needed and the presence of any other problems.

### **Can I feed my baby?**

Some babies can feed within a few days of their operation but the bowels of some babies with exomphalos can take several weeks to work normally. During this time your baby will need drip feeds through a long line. The line is usually placed in a small vein in an arm or leg and fed through into a large vein. Sometimes an operation under anaesthetic is necessary to insert the line directly into a large vein.

Milk feeds will be slowly introduced and increased as your baby is able to tolerate them. Once recovered your baby should be able to feed normally.

### **Long term and follow up**

Following discharge from the unit there will be regular check-ups in order to monitor your baby's progress. Your baby should be able to continue normal progress with feeding and weaning.

Following an operation there is always a small risk of future obstruction occurring. If your baby vomits green bile or has a swollen stomach medical advice should be sought immediately.

### **More information about Bliss and its services**

Further advice, support and information can be requested by phoning our Family Support Helpline on freephone **0500 618140**. The line is open from 9am to 9pm, Monday to Friday. You can also email us at [enquiries@bliss.org.uk](mailto:enquiries@bliss.org.uk)