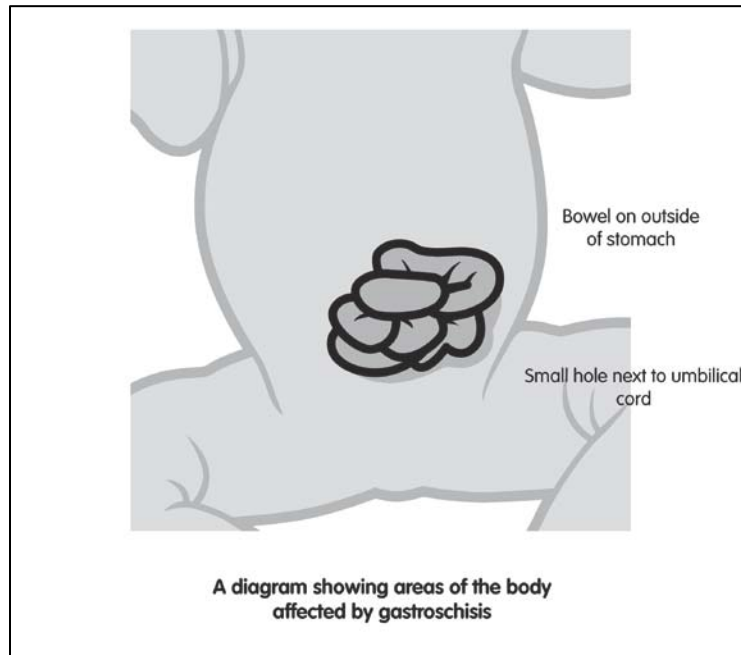


Gastroschisis



Gastroschisis is a condition in which your baby has a small hole in the front of their tummy, through which some of the bowel sticks out.

This bowel is easily visible on an ultrasound scan and will be diagnosed before delivery.

There is currently no known cause of gastroschisis.

What happens at the delivery?

It should be possible for you to deliver your baby in the normal way unless there are other reasons for requiring a caesarean section.

Initial management

Following delivery, the part of the bowel sticking out 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 (which replace lost fluid and deliver medication) can be given, as your baby will not be able to feed in the normal way. A tube will be passed through your baby's nose into the stomach to drain away the bile (green fluid) that collects there. This lessens the risk of vomiting and reduces discomfort.

Treatment

Shortly after delivery, treatment will start to put the bowel back inside. It is usually possible to slide the bowel into a preformed 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 in, the bag will be removed and dressings placed over the hole. The hole should then heal up over the next few weeks. Using this technique, most babies do not need an operation.

If it is not possible to get the bowel into the bag, an operation under anaesthetic may be needed. Usually it is possible to put the bowel inside and stitch the hole closed but this may be quite difficult if there is not enough room in the abdominal cavity (a hollow space in the body which contains the bowel, stomach, kidneys, liver etc). In this case a temporary preformed silo will be constructed on the outside of your baby's stomach to hold the bowel.

The silo would then be made smaller every day or so, so that the bowel is usually back inside the stomach by ten to 14 days. A second operation is needed to remove the silo and close the muscles and skin.

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

Is gastroschisis associated with any other problems?

Gastroschisis is not normally associated with other problems present at birth. Most babies born with this condition are expected to survive.

In some babies with gastroschisis there is a gap in the bowel, called an atresia. This may be noticed at the first operation or not be suspected until around four to six weeks of age (an inability to tolerate milk feeds may be an indicator). X-rays are carried out to confirm whether an atresia is present. If an atresia is confirmed, your baby will need a further operation to join the bowel together.

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.

Can I feed my baby?

Because the bowel has been outside the abdominal cavity and has been subjected to movement and bruising by your baby's activities, it is often extremely slow to work. As a result, your baby may be unable to be fed milk in the usual way for a period of time, usually about three to six weeks.

During this time your baby will need drip feeds through a long line. This 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.

Your baby should grow quite normally on this form of feeding while the bowel is recovering. Milk feeds will be slowly introduced and increased, as your baby is able to tolerate them. Once recovery is complete your baby should be able to feed normally, either by bottle or breast.

Long-term and follow-up

Following discharge from the ward, there will be regular check-ups in order to monitor your baby's progress. It may be possible for this follow up to take place at your local hospital.

Your baby should be able to feed and wean normally. Some babies with gastroschisis are sometimes slower at establishing weight gain and some may have problems with constipation but these are normally short-term problems.

Babies who have had a surgical silo will not have a tummy button, but it is now possible to have surgery later in childhood to create one.

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