

# **GASTROSCHISIS**

## **What is gastroschisis?**

Gastroschisis (gastro-skee-sis) is a birth defect where the intestinal contents protrude through an opening in the abdomen that failed to close while the baby was inside its mother. The opening is to the side of the umbilicus (belly button). This defect may be found during prenatal ultrasounds.

## **Why did my baby get this?**

There is nothing that the mother did during the pregnancy that caused this. While your baby was developing, the abdominal wall failed to close, causing the abdominal contents to float around in the amniotic fluid.

## **What will my baby look like?**

Your baby will be beautiful, as you expected! However, you may have an initial shock response when you see his/her belly. The sight of the intestines outside the baby's belly can be very shocking to parents. The intestines, swollen from 'soaking' in amniotic fluid will be seen. In larger imperfections, the stomach, liver, spleen and other organs may be seen.

## **What will happen to my baby after it's born?**

Your baby will need a breathing tube placed into his/her lungs, and another tube will be placed in your infant's nose and go into the stomach. By helping your baby breathe in this manner, air/oxygen will go directly into the lungs. If your baby was to breathe on his/her own, air would go into the baby's stomach.

We need to get the air and fluids out of the baby's stomach to help the swelling go down, so that the intestines will fit into the baby's abdomen.

Shortly after your baby is born, IV's may be placed into the baby's belly button. Your baby will not be able to eat until his intestines are back in his belly, so he needs nutrition by means of intravenous fluids.

The Pediatric Surgeon will then come to place the baby's intestines (and other protruding parts) into a sterile plastic bag (called a 'silo'). He will stitch the bag to the abdomen and 'hang' the bag in a manner that the intestines 'fall' back into the abdomen by gravity over time. Depending on the size and amount of intestines protruding from the body, the 'silo' may be in place for a few days or a week or two. The pediatric surgeon may also place a special IV into the baby's neck area and guided into his/her heart. This IV can last a long time (the ones in the belly button can last about a week), and all of the baby's nutritional requirements can be given through this IV.

Once the surgeon feels that the majority of the intestines are back where they belong, your baby will go to the operating room for surgery to stitch the belly wall back together.

## **What else do I need to know before surgery?**

Your baby will have pain medication while he/she is waiting for surgery and after surgery. Also, while your baby's intestines are in the 'silo', your baby will be given a medication so he/she doesn't move. This can be scary to families, because the baby can't move or respond.

If your baby was moving around, there is an increased chance of the intestines coming out of the silo. Also, by having the baby not moving, the breathing machine will do all of the breathing for your baby. If the baby didn't have a breathing tube, too much air would get into the stomach. We need to have the stomach, and thus the intestines, free from air and fluids. Your baby will also have a tube placed in his or her nose that is guided into the stomach. Suction is placed on this tube so air and fluids remain out of the stomach/intestines.

While your baby's 'silo' is in place, the pediatric surgeon will be in to see your baby at least once a day. During that time, he may try to 'push' some of the intestines into the abdomen. Sometimes gravity alone

works fine. With the intestines being placed into the abdomen, breathing difficulties may be seen. Your baby is not used to having anything push up on the lungs/diaphragm. (Think of yourself trying to breathe after a huge Thanksgiving meal!). The breathing machine settings may need to be adjusted during this time.

### **What happens next?**

The pediatric surgeon will decide when it's time to go to the operating room to stitch the belly back together. As was said earlier, this may be in a few days or a week or longer. Surgery is usually quite uneventful. The surgeon removes the 'silo' and stitches the belly wall back together.

### **My baby will be able to eat after surgery, right?**

Actually, it may still be a while after surgery before your baby eats. The breathing tube will probably stay in place for 2-3 days after surgery. The tube from the nose to the stomach will still be in place. If the color of the secretions from the stomach tube are green or are a large amount, feedings may be delayed. This means that the belly isn't quite ready for food yet. We usually watch for decreasing fluid from the NG tube, stools and sounds in your baby's abdomen to know when to start feedings.

Once your baby is ready to eat, feedings will be started slowly. Your baby may not *want* to eat at first. He/she may be gaggy. Remember, there hasn't been anything in your baby's belly for quite some time, and there still probably is a fair amount of swelling in the baby's intestines. Vomiting is also fairly common. Slowly, but surely, your baby will improve.

### **Are there any complications after surgery?**

*Usually*, other than taking a while to tolerate food, the baby is fine after surgery. On rare occasions, there may be further problems with the intestines. Your doctor will talk with you if these problems should arise.