GASTROSCHISIS

DEFINITION

This is a lateral abdominal wall defect with bowel protruding. The bowel was exposed to amniotic fluid for a long time and might be covered with an inflammatory layer. It is important to distinguish this from a membrane, which is then an omphalocoele – a central abdominal defect with the bowel protruding into the umbilical cord. The cord will be on top of the mass covered with the membrane. To confirm the diagnosis of gastroschisis, check that the umbilicus is in the normal position.

Babies are usually born prematurely and does not have other congenital abnormalities.

ADVICE to referring doctor

Examine the baby and resuscitate as with any other newborn baby. Look for life-threatening abnormalities and treat appropriately.

Insert a nasogastric tube and keep on free drainage. Start IV fluids, 5% DW is safe and always available. Calculate the amount according to the weight of the baby. A normal baby needs only 60ml/kg in the first 24 hours, but if the bowel is exposed it looses large amounts of fluid and this should be replaced – start this babies with 90ml/kg/24h and replace any naso-gastric loss with 0.9% Saline.

Examine the exposed bowel and make sure the defect in the skin does not cause strangulation of the bowel. If the opening is too small, it should be widened. Cover the bowel with plastic, a clean plastic bag, back of a linen saver, an A4 plastic sleeve or glad wrap will do. The aim is to prevent heat loss, to decrease fluid loss and to protect against infection.

Refer the baby immediately, every 15 minutes delay worsens the outcome of the baby. After 24 hours the oedema of the bowel is the reason why it can not be replaced at once and the already bad prognosis gets worse.

Record if the baby passed urine or meconium and the s-glucose. Obtain consent from the mother for placement of silo-bag, closure of the abdomen and possible blood transfusion. Inform the mother that the baby will need ICU as soon as abdominal wall can be closed.