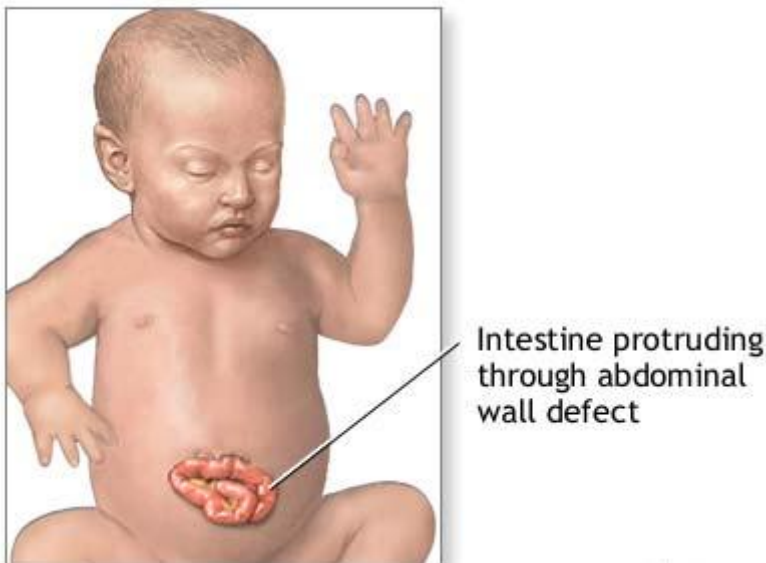


Gastroschisis patient information sheet

What is gastroschisis?

Gastroschisis is a small opening in the front of the baby's tummy, just to the right of the umbilical cord, (tummy button). This small defect in the tummy wall allows several loops of bowel to protrude through this opening which is typically 2-3 cms in diameter. Gastroschisis affects about 1 in every 4,000 babies. Although we do not know for certain why gastroschisis occurs, one possibility is that there is a blockage in a small artery (blood vessel) during very early development, which supplies part of the skin of baby's abdomen.



How will the gastroschisis affect my baby and pregnancy?

19 out of 20 babies with this condition will do very well and will live normal lives, go to a normal school, play normal sports and be fit and well. However, babies with gastroschisis have a tendency to be born both slightly earlier (about 37 weeks) and lighter than average (about 2.35 Kg 5lbs 3oz). There is a slightly higher risk of a baby with gastroschisis dying during the pregnancy and in order to try and prevent that and to check that your baby is growing normally you will be offered a number of extra scans. These will occur at least every month from 26 weeks and more often if your doctors are concerned.

All babies with gastroschisis will require an operation to close the opening in the abdominal wall. This operation will usually occur within 4 hours of delivery. Before delivery, you will meet a paediatric surgeon who will discuss the timing and nature of the operation and your baby's aftercare. In order that the operation can be carried out as quickly as possible after delivery, we will arrange for you to have your baby in the General Infirmary in Leeds. If all is well then there is no reason why you cannot give birth normally. For most ladies with this condition it will be your first pregnancy. Normally your first labour will take about 12 hours which should give plenty of time for you to get to Leeds.

What will happen after delivery?

The paediatricians will quickly cover up the protruding bowel with clingfilm, in order to reduce fluid loss and prevent the bowel drying out in the air. Once you have had a chance to hold and cuddle your baby, he/she will be transferred to the neonatal surgical ward, next to delivery suite in the Clarendon Wing. The surgeons like to operate soon after delivery and will aim to carry out the operation within 4 hours of delivery. The intention will be to close the hole in either one or two operations. This may be done either in the neonatal unit or in the operating theatre. The operation(s) will not leave a large scar, in fact most scars follow the outline of the tummy button. About 10% of these babies will have a blockage (atresia) of part of the bowel, This may have been suspected because of dilatation of the bowel seen on ultrasound before delivery. However this is rarely detected until a few weeks after the first operation and will require further surgery to correct it. Babies born with this condition are very slow to feed. They usually therefore require to be feed into a vein for the first few weeks until the bowel recovers. When feeding starts the babies are only given tiny amounts of milk at a time. It is felt that breast milk is the ideal first food and you will be encouraged to express breast milk for your baby. Because it takes some time to establish full feeding babies are often in hospital for 4-6 weeks after delivery.

Outlook for this baby and future pregnancies?

More than 95% of babies survive and make a full recovery. A small proportion of babies that survive the operation subsequently develop long-term problems such as difficulty feeding or absorbing food but these are not normally severe and often resolve spontaneously. We would like to reassure you that nothing you or your partner have done during or before this pregnancy will have caused this condition to develop. Moreover, there is no reason to suspect that any of your future babies will have gastroschisis.