

**Gastroschisis and Omphalocele** are congenital abdominal wall defects wherein the baby is born without muscle and tissue of the abdomen so that organs from inside are allowed to protrude outwards.

In Gastroschisis, there is no sac covering the intestine which is usually the only abdominal contents to protrude. In and of itself, gastroschisis is not lethal. In fact, great progress has been made in the treatment of gastroschisis allowing for a greater than 90% survival. Gastroschisis is usually diagnosed with the first prenatal ultrasound. Ultrasound may also be used to plan when and how the baby should be delivered. It is important for parents to meet with all the various types of doctors that will care for the baby prior to delivery. A tour of the neonatal intensive care nursery (NICU) is also a good idea as this is where most of the care will be delivered.

After delivery, the baby will be taken to the NICU and assessed for other forms of birth defects. Fortunately, babies with gastroschisis rarely have any other defect. After an IV is inserted, the baby will be given pain medications and an attempt by the surgeon will be made to reposition the bowel back into the abdominal cavity. If successful, the baby will then be taken to the operating room where the abdominal wall muscle will be closed over top of the intestines. Many times, there is not enough room for the entire intestine to fit into the abdominal cavity at first. In this case, a plastic sheeting, or silo, will be applied. This allows for slower reduction of the bowel over the next 5 to 7 days after which the abdominal wall will be closed in the operating room. During this time, the baby's nutrition will be supported with intravenous feeding. Most babies will spend about one month in the hospital. Complications that can cause a longer hospitalization include care for an associated bowel atresia (disconnection of the bowel seen in about 5% of babies with gastroschisis) or an infection that can arise in the bowel itself referred to as necrotizing enterocolitis (NEC). Both of these conditions may require additional surgery.

Omphalocele is diagnosed and treated in a similar fashion. Maternal blood tests (alpha-fetoprotein) may also be abnormal. With omphalocele, there may be more organs that protrude making closure of the abdominal wall more difficult. Omphalocele is easily recognized by the sac that covers those organs which are protruding. Babies with omphalocele are more likely to have associated birth defects. These defects can involve the heart, urinary system and genetic makeup of the baby making the overall survival of omphalocele less than gastroschisis.

To make an appointment to discuss this topic, please call or email at the information listed below.

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