

Alaska Pediatric Surgery

Patient Information Sheet:

Gastroschisis

Gastroschisis is a problem that can happen in newborns and is usually diagnosed prior to birth. It happens when the body structures that are supposed to hold the bowel (intestines) inside the abdomen (belly) do not form correctly. Normally, the body wall and a membrane enclose the bowel inside the abdomen. With gastroschisis, all or part of the bowel develops outside of the baby's body instead. Other organs may be affected as well. There is no membrane covering to protect these organs. So, they're more likely to become damaged or infected. Gastroschisis must be repaired with surgery very shortly after your baby is born.



With gastroschisis, the bowel sticks out of the abdomen. It's not covered by a membrane, so it's open to germs and damage.

How Are the Problems Treated?

Surgery for gastrochisis often takes place the day the baby is born. Treatment may involve the following:

In most cases, the baby's abdomen is too small to hold all the organs. The surgeon then moves the organs back gradually using a protective silo, to give the abdomen time to grow. Silo will be placed shortly after delivery. More than one surgery may be needed.

In rare cases the surgeon moves the bowel and other organs back into the abdomen and if there is enough room, the surgeon closes the area of skin where they came through on the first day of life.

If the bowel is damaged, the surgeon may remove a portion before it's placed back into the abdomen. The surgeon then reconnects the healthy ends of the bowel.

A health care provider will feed your baby through an IV (intravenous) line until the problem is corrected. IV feeding may continue for some time afterward. Your baby will stay in the neonatal intensive care unit during this time. It is reasonable to expect a 1-2 month NICU stay at the minimum.

When will our family be discharged from the NICU?

Your baby will be closely monitored while in the NICU for adequate feedings and weight gain. It will be small steps towards this goal, stay patient. It is reasonable to expect 1-2 month stay in the NICU, minimum. Once your baby has tolerated feedings and is gaining weight discharge will be considered. We will plan on seeing you back in the Pediatric Surgery clinic frequently over the first few years of life.

What Are the Long-Term Effects?

The long-term effects on your baby may depend on the size of the defect, the presence of any associated congenital anomalies (abnormalities at birth), and whether any of the bowel must be removed. Long-term feeding problems are possible, but most of these resolve over time.

****Please call Alaska Pediatric Surgery with questions or concerns 929-7337.****