ABDOMINAL WALL DEFECTS

1. GASTROSCHISIS
This defect is a full thickness defect usually to the right of an intact umbilical cord in the abdominal wall through which the uncovered intestines protrude.

**Incidence**
Approximately 1 in every 30,000 – 50,000 births
Predominantly male

**Clinical Presentation**
Immediately apparent defect
Protruding intestines
Small defect (2-5cm) located to the right of the umbilicus
Underdeveloped abdominal cavity
Oedematous and matted bowel
Low birthweight (92%)
Prematurity (58%)

2. EXOMPHALOS
This defect is a herniation defect in the abdominal wall through the base of the umbilical cord. The intestines are covered by a peritoneal sac.

**Incidence**
1 in 5000 live births
Associated with life threatening syndromes including trisomy 13, 18 and Beckwith Wiedemann
Predominately male
Clinical Presentation
Immediately apparent defect
Protrusion of abdominal contents through the umbilical ring
Transparent sac covering defect

3. NURSING MANAGEMENT
Management of gut integrity

- **Cover the defect** - by circling the torso with plastic wrap, to decrease fluid loss, evaporative heat and plasma loss.
- **Position** - Nurse the infant supine or in the left lateral to the decrease the pressure of the defect placed on the abdominal wall. Large defects may impair venous return via inferior vena cava
- **Gastric decompression** - insert a 8FG oro gastric tube, aspirate 4 hourly and leave on free drainage
- **Monitor blood glucose** - see hypoglycaemia
- **Minimal handling** - will reduce intestinal irritation, worsening oedema, risk of infection and rupture of the sac.
- **Fluid resuscitation** – give intravenous fluids as ordered
- **Antibiotic** – administration of broad spectrum antibiotics as ordered.
- **Comfort measures** – the use of a pacifier for non nutritive sucking is controversial because it may increase gastric secretions. Other measures however can safely be undertaken and include gentle and minimal handling, providing boundaries with the utilisation of nests, containment of limbs during care giving activities, reduction of noise and protection from light.
- **Thermal management** - prevent hypothermia by wrapping defect with plastic wrap (see cover the defect) and implement thermal management strategies to minimise heat loss, including hats, velband, heat shields, nesting, radiant heater. **Do not** apply velband to infant limbs until the abdominal wall lesion has been protected with plastic wrap.
- **Parents** - give adequate explanation and support. Encourage parents to express their anxieties and feelings towards their infant. These defects are unsightly and cause great distress to parents.
- **Preparation for transport** – see policy transfer of infant