

# OMPHALOCELE

## **What is an omphalocele?**

An omphalocele (oom-falo-seal) is a birth defect where the intestinal contents protrude through the umbilicus (umbilical cord, belly button). There is a thin layer of tissue that covers the intestines, but they are still usually easily seen in the umbilical cord. This defect is *usually* found during prenatal ultrasounds.

## **Why did my baby get this?**

There is nothing that the mother did during the pregnancy that caused this. While your baby was developing, the abdominal contents failed to return to the abdomen, and stayed in the umbilical cord. Occasionally, there are other birth defects that can occur when a baby has an omphalocele. Your doctor will discuss this with you if there are any other problems, and the geneticist may be asked to evaluate the baby.

## **What will my baby look like?**

Your baby will be beautiful, as you expected! However, you may have an initial shock response when you see his/her belly. The sight of the intestines in the umbilical cord can be very shocking to parents. If the malformation is small, there may only be a small bump that has some intestines in it. If the malformation is large, you may be able to see intestines, liver, spleen or other organs protruding from the umbilicus.

## **What will happen to my baby after it's born?**

If the malformation is small, your baby may just need a tube placed from his/her nose into the stomach to remove air and fluids. Your baby will have an IV catheter placed for nutrition, as he/she will not be eating for a while. Your baby will probably go to the operating room for surgery the same day he/she was born or in a day or two.

If the malformation is large, your baby will need the tubes as stated above, plus may need to be on a breathing machine. The Pediatric Surgeon may need to come and place the protruding parts into a sterile plastic bag (called a 'silo'). He will stitch the bag to the abdomen and 'hang' the bag in a manner that the intestines 'fall' back into the abdomen by gravity over time. Depending on the size of the protruding intestines, the 'silo' may be in place for a few days or a week or two. The pediatric surgeon may also place a special IV into the baby's neck area that is guided into his/her heart. This IV can last a long time and all of the baby's nutritional requirements can be given through this IV.

Once the surgeon feels that the majority of the intestines are back where they belong, your baby will go to the operating room for surgery to stitch the belly wall back together.

## **When will my baby be able to eat?**

It may be a few days after surgery that your baby will be able to eat. The breathing tube and the tube into his/her stomach may stay in for a few days. Your baby isn't used to having all of his/her intestines back where they belong, and they may push up on his lungs and diaphragm making it harder to breathe. (Think of yourself trying to breathe after a huge Thanksgiving meal!)

Once your baby *is* ready to eat, feedings will be started slowly. Your baby may not *want* to eat at first. He/she may be gaggy. Remember, there hasn't been anything in your baby's belly for quite some time, and there still probably is a fair amount of 'fullness' felt in your baby's belly from the intestines being replaced. Vomiting is also fairly common. Slowly, but surely, your baby will improve.