

Introduction

Gastroschisis survival rate has progressively increased over the years, with rates of 90-100% in resource-rich settings. Sub-Saharan Africa lags behind, with 100% mortality rate being reported within the region.

Methods

A 6year retrospective audit of 29 patients managed
Patient survival defined as discharge to home post-operatively.

Results

11 patients (38%) were preterms at presentation. Average age of presentation was 42.2 hours. 20 neonates required total parenteral nutrition, 12 of which was through peripheral access.

Outcomes of patients managed for Gastroschisis

Length of hospital stay	23.04 days
Time to full feeds from delivery	21.8 days
Survival Rate	48%
Full bowel reduction	2.38 days

10 neonates (34.5%) developed sepsis, 70% of which was due to Central Line Associated Blood Stream Infection (CLABSI). All children underwent bowel reduction using the silo method.

Discussion

Multidisciplinary approach and prompt management are essential for survival. Contextual modifications have resulted in improvements in outcomes like selective insertion of central lines, avoidance of theatre and minimalistic approaches. To further improve outcomes, fatalistic mindset has to be eliminated from the health care system to facilitate prompt referral of adequately resuscitated children



Reference

Baerg 2003

Charlesworth 2007