GO – Management Option # 1 – “Paint & Wait”

- Used in cases of GO with significant cardiac defects and concerns for hemodynamic instability
  - Major associated chromosomal anomalies
  - Limited resources

1) Use an agent that promotes subclinical inflammation and scarring

1) Will need wrapping system to support abdominal domain

1) Ultimately will need delayed repair of the ventral hernia
  - Component separation
  - Use of synthetic mesh
  - Tissue Expanders
Panelists Discussion

Choices of Topical Agents

Preference and WHY?
GO – Management Option # 2 – Primary Surgical Skin Closure

- Used in cases of GO with limited abdominal domain
- Generate skin flaps that can cover the omphalocele sac
- Will end with a large ventral hernia that needs future surgical repair

Quiz Q to Dr. Harmon
Panelists Discussion
Management Option # 3 – Complete Primary Surgical Closure

- Used in cases of Omphalocele where there is enough abdominal domain and no concerns for abdominal hypertension
  - NO hemodynamic concerns
  - Definitive repair with no need for future operations
- Used in cases of GO where there is limited abdominal domain
  - NO hemodynamic issues
  - Staged approach that will require some time
  - It is a form of a definitive management
GO – Management Option # 4 – Staged Schuster Technique

At 2 years of age
GO – Management Option # 5 – Wound Vacuum therapy

- Used in cases of GO where there is limited abdominal domain
  - Hemodynamic concerns
  - Allows for reduction and epithelialization of the sac
- May be used as a destination therapy or a bridge to delayed surgical closure
GO – Management Option # 5 – Wound Vacuum therapy

10 days of wound vac therapy

Delayed Surgical Closure with Alloderm and component separation

Final Result after Alloderm underlay, skin closure and umbilicoplasty