

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



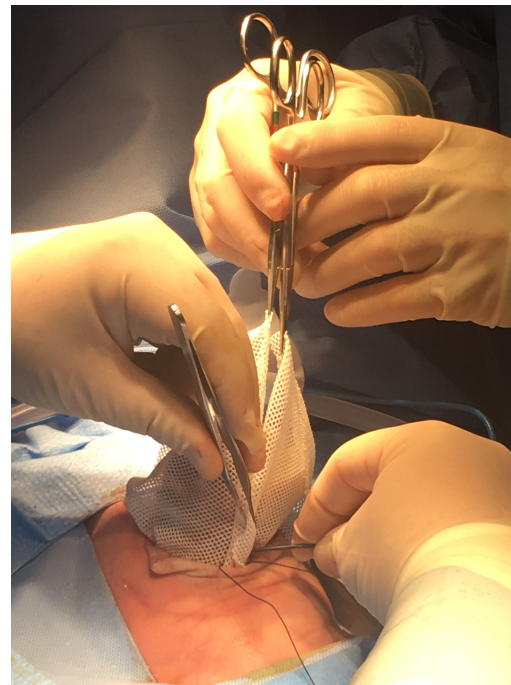
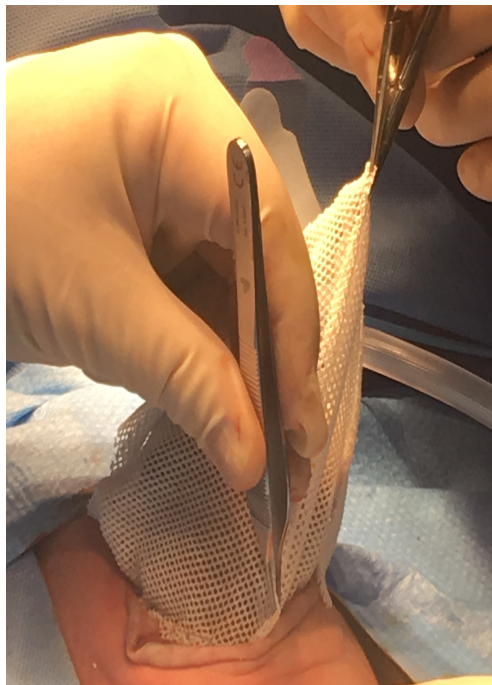
Management Option # 3 – Complete Primary Surgical Closure

- 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

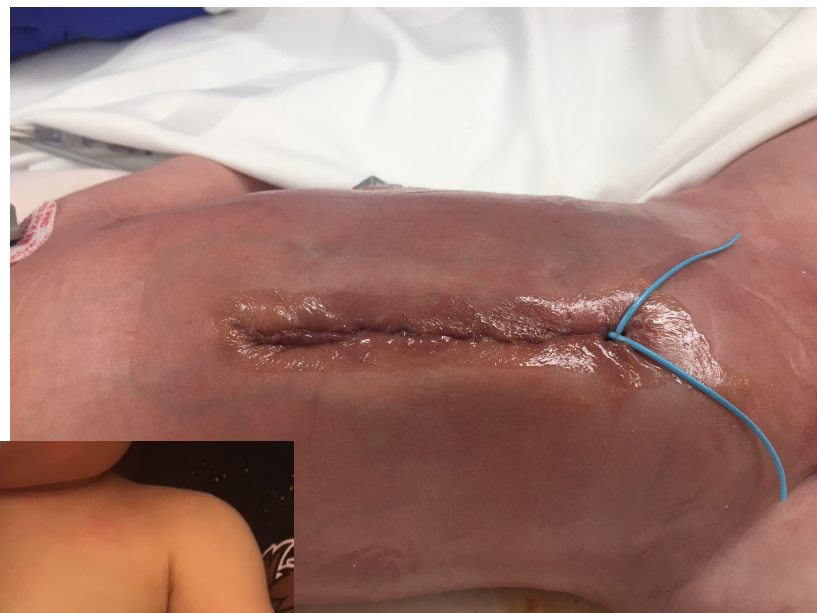


GO – Management Option # 4 – Staged Schuster Technique

- 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

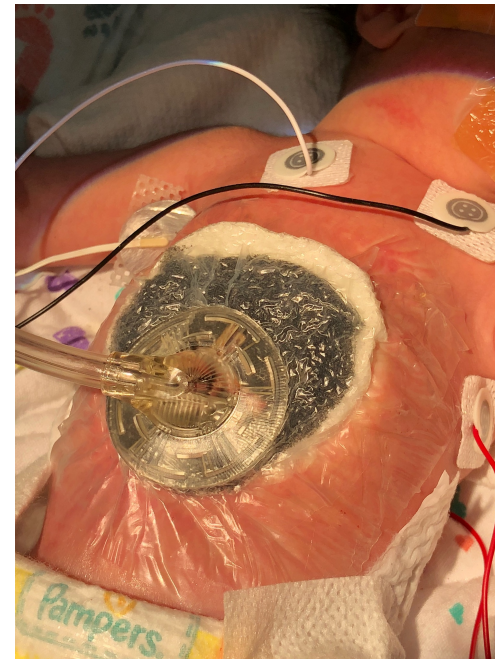
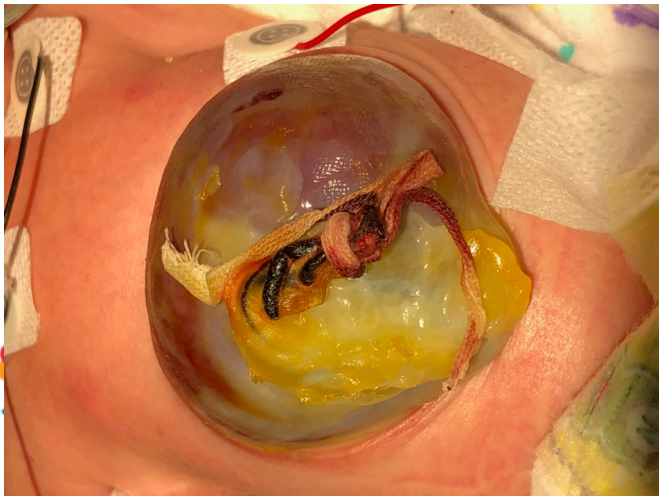


At 2 years of age



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**

