

OR code for mobile view

Born at Outside Hospital:

Post-natal Repair:

- Transfer to CMH
- Telfa as the first layer
- Saline-soaked gauze as second layer
- Cover with Tegaderm®

Pre-natal Repair:

Consider transferring to CMH if outside hospital lacks resources to follow the pathway

Newborn Myelomeningocele Post-natal Pre-natal Repair Repair

Pre-natal Care

Incision Management:

Routine skin care, if patch is exposed then skin care per neurosurgeon evaluation and recommendation

Consult:

- Neurosurgery
- Urology when there is hydronephrosis (UTD 2 and above)
- Rehab
- Spinal Differences Coordinator: Pager (816) 458-3443
 - If unavailable, call Rehab Nurse ext. 73390
- Occupational Therapy for feeding issues (if needed)
- Physical Therapy (if needed)
- Orthopedics at direction of rehab team

Antibiotics:

UTI prophylaxis (ampicillin or cephalexin) if any hydronephrosis on renal US

Imaging: (Infant may be on back and swaddled for MRI; Protect large lesion with donut as needed)

- MRI Brain Rapid Sequence
- MRI Spine (Full)
- Renal Ultrasound
- Head Ultrasound if unable to obtain MRI

Clean Intermittent Catheterization (CIC)

Spinal Defect Management:

Telfa then saline-soaked gauze, then cover with Tegaderm.

Preoperative Care

Consult:

- Neurosurgery
- Urology when there is hydronephrosis (UTD 2 and above)
- Rehab
- Spinal Differences Coordinator: Pager (816) 458-3443 • If unavailable, call Rehab Nurse ext. 73390
- Occupational Therapy for feeding issues (if needed)
- Physical Therapy
- Orthopedics at direction of rehab team

Antibiotics:

- Ampcillin and gentamicin until repaired
- UTI prophylaxis (ampicillin or cephalexin) if any hydronephrosis on renal US

Imaging: (Infant may be on back and swaddled for MRI; Protect large lesion with donut as needed)

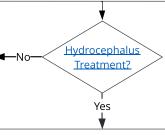
- MRI Brain Rapid Sequence
- MRI Spine (Full)
- Renal Ultrasound
- Head Ultrasound if unable to obtain MRI

Post Op Management: · Head ultrasound POD 1 **Hydrocephalus** Daily head circumference -Yes Treatment? Wash incision POD 2 No Scalp IV No Additional head imaging maybe needed Clean Intermittent Catheterization • Renal Bladder US Discharge Readiness:

Repair occurs day of life 1-2 if clinically stable per Neonatology and Neurosurgery assessment

Back Incision Management

- Postoperative positioning prone for 48h, then check with attending neurosurgeon for further duration
- Mud flap



- Feeding orally
- Safe sleep plan in place
- Incision care plan per neurosurgery
- Family Education completed:
 - Education and resources by Spinal Differences Coordinator/Rehab Nurse Patient specific education completed
 - Specialty-specific teaching (as needed):
 - · Urology: CIC
 - · Neurosurgery: VPS and wound care

- Clean Intermittent Catheterization
- Renal Bladder US
- Head US POD 1
- · Daily head circumference
- Wash incision POD 2 with soap and water
- · Additional head imaging maybe needed per neurosurgery
- No Scalp IV

Discharge follow up appointments (timing):

- PCP (outpatient head circumference, weight gain follow-up and early referral prn)
- Spinal Differences Clinic (SDC) (3 months from discharge)
- Neurosurgery (follow up sooner than 3 months if concerns of incision issues or hydrocephalus, otherwise 3 months at SDC)
- Urology (3 months at SDC)
- Early intervention (PT/OT/Speech)