



The national system to study the surgical management of a range of neonatal conditions – enabling national audit in neonatal surgery

AIMES: Assessing the Long-term Impact of Early Surgical Care in Children Born with Abdominal Wall Defects

We are delighted that things are moving forward with the planned long-term outcomes study in Gastroschisis following successful ethical approval last year. The study, using the national cohort of patients born with gastroschisis in 2006-8 is due to commence this spring. It aims to provide a holistic idea of the health and well-being of these children at 7-9 years of age. The study is comprised of two parts, a clinical outcome study using a data collection form and questionnaires for parents, children and their teachers. These will be winging their way to centres very soon.

Alongside the gastroschisis study, we also have permission to contact parents of infants born with exomphalos during the current cohort study. Parents will be sent information packs, asking whether they would be happy to provide us with their contact details. These could be used for a similar study in exomphalos patients and their parents in the future.



Assessing the Impact of Early Surgical Care
in Gastrochisis
Learning about Gastrochisis from Parents and Children

Recent Publications

Challenges of Improving the Evidence Base in Smaller Surgical Specialties, as Highlighted by a Systematic Review of Gastroschisis Management

Outcomes following operative primary fascial closure (OPFC) and silo placement with staged reduction and delayed closure (SR) were compared. Although some benefit of OPFC over SR was shown, the results were tempered by the low quality of the studies available which were small and variably reported.

Reference: Allin BSR, Tse WHW, Marven S, Johnson PRV, Knight M (2015) Challenges of Improving the Evidence Base in Smaller Surgical Specialties, as Highlighted by a Systematic Review of Gastroschisis Management. PLoS One 10(1): e0116908.

Laparoscopic assistance for primary transanal pull-through in Hirschsprung's disease: a systematic review and meta-analysis

The aim was to compare outcomes following totally transanal endorectal pull-through (TTERPT) versus pull-through with any form of laparoscopic assistance (LAPT) for infants with uncomplicated Hirschsprung's disease. No evidence was found to suggest a higher rate of enterocolitis, incontinence or constipation following TTERPT compared with LAPT.

Reference: Thomson D, Allin B, Long A-M et.al. Laparoscopic assistance for primary transanal pull-through in Hirschsprung's disease: a systematic review and meta-analysis. BMJ Open 2015;5: e006063.

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Thanks to the following hospitals who have returned **Exomphalos** cards for December 2014, January 2015 and February 2015:

Addenbrooke's Hospital, Cambridge
 Alder Hey Children's Hospital, Liverpool
 Birmingham Children's Hospital, Birmingham
 Edinburgh Royal Hospital for Sick Children, Edinburgh
 Evelina Children's Hospital, London
 Hull Royal Infirmary, Hull
 Norfolk & Norwich University Hospital, Norwich
 Queen's Medical Centre, Nottingham
 Royal Alexandra Children's Hospital, Brighton
 Royal London Hospital, London
 Royal Victoria Infirmary, Newcastle-upon-Tyne
 Southampton General, Southampton
 St George's Hospital, London
 Bristol Royal Hospital for Children, Bristol
 Glasgow Royal Hospital for Sick Children, Glasgow

King's College Hospital, London
 Leeds General Infirmary, Leeds
 Leicester Royal Infirmary, Leicester
 Royal Aberdeen Children's Hospital, Aberdeen
 Royal Belfast Hospital for Sick Children, Belfast
 Royal Manchester Children's Hospital, Manchester
 The Children's University Hospital, Dublin 1
 University Hospital of Wales, Cardiff
 Chelsea and Westminster Hospital, London
 Great Ormond Street Hospital for Sick Children, London
 John Radcliffe Hospital, Oxford
 Our Lady's Hospital for Sick Children, Dublin 12
 Sheffield Children's Hospital, Sheffield

Thanks to the following hospitals who have returned **Posterior Urethral Valves** cards for December 2014, January 2015 and February 2015:

Addenbrooke's Hospital, Cambridge
 Alder Hey Children's Hospital, Liverpool
 Bristol Royal Hospital for Children, Bristol
 Edinburgh Royal Hospital for Sick Children, Edinburgh
 Glasgow Royal Hospital for Sick Children, Glasgow
 Hull Royal Infirmary, Hull
 John Radcliffe Hospital, Oxford
 Leicester Royal Infirmary, Leicester
 Norfolk & Norwich University Hospital, Norwich
 Queen's Medical Centre, Nottingham
 Royal Aberdeen Children's Hospital, Aberdeen
 Royal Manchester Children's Hospital, Manchester
 Royal Victoria Infirmary, Newcastle-upon-Tyne

Sheffield Children's Hospital, Sheffield
 Southampton General, Southampton
 Evelina Children's Hospital, London
 Leeds General Infirmary, Leeds
 Royal Alexandra Children's Hospital, Brighton
 Royal Belfast Hospital for Sick Children, Belfast
 Royal London Hospital, London
 St George's Hospital, London
 The Children's University Hospital, Dublin 12
 Birmingham Children's Hospital, Birmingham
 Chelsea and Westminster Hospital, London
 Our Lady's Hospital for Sick Children, Dublin 12
 University Hospital of Wales, Cardiff
 Great Ormond Street Hospital for Sick Children

Returned all three cards. Returned two cards. Returned one card. No Cards Returned.

Case report summary for cases reported up until 30th April 2015

Condition	Cases Reported	Forms returned	Confirmed Cases	Unconfirmed Cases/Reported in Error	Duplicate Cases
Exomphalos	73	50 (68)	50 (100)	0 (0)	0 (0)
Meconium Ileus	103	86 (83)	50 (58)	32 (37)	4 (5)
Meconium Ileus 1yr Forms	67	35 (52)	35 (100)	0 (0)	0 (0)
Necrotising Enterocolitis	321	288 (90)	229 (79.5)	54 (18.8)	5 (1.7)
Necrotising Enterocolitis 1yr Forms	187	137 (73)	137 (100)	0 (0)	0 (0)
Posterior Urethral Valves	61	34 (56)	These cases are awaiting validation		



Chocolate Box

Chocolates this month go to Martyn Flett from Glasgow Royal Hospital for Sick Children for prompt return of PUV forms.

Many thanks from the BAPS-CASS team!