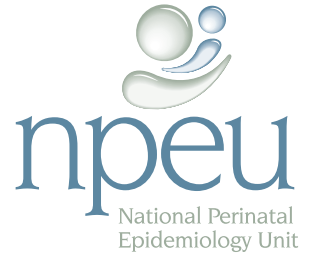




# British Association of Paediatric Surgeons Congenital Anomalies Surveillance System (BAPS-CASS)



*The national system to study the surgical management of a range of neonatal conditions*

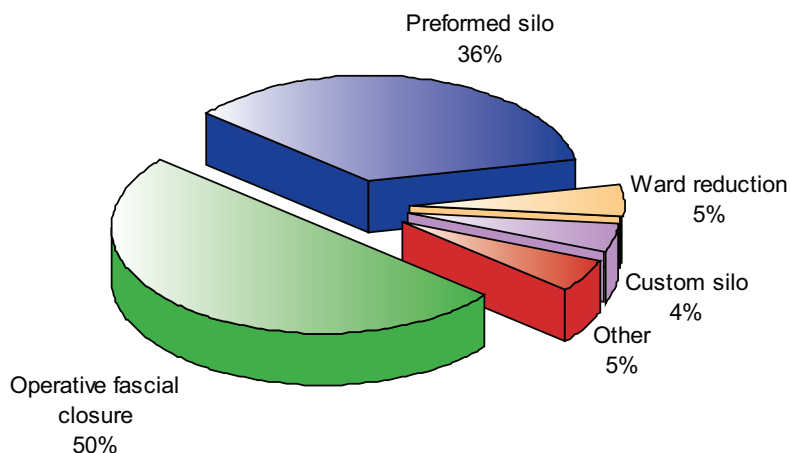
## Newsletter 10: June 2009

### Gastroschisis study update

Thank you once again to those of you who have completed forms for the gastroschisis study. We are aware that it may seem a very long time since this study commenced, but we are just in the process of collecting the final one year outcome forms which will enable us to complete full study analysis. Analysis of the initial report forms from BAPS-CASS clinicians, together with reports from parallel studies conducted using the UK Obstetric Surveillance System (UKOSS) and the British Isles Network of Congenital Anomaly Registers (BINOCAR), suggests a birth prevalence of gastroschisis of 5.0 cases per 10,000 total births in the UK. Preliminary data (figure) suggest that 50% of infants are managed initially with operative fascial closure and 36% with a preformed silo. A further 5% are managed by ward reduction ('Bianchi procedure') and 4% with a custom-made silo. The remaining infants are managed with a variety of other initial techniques including patch and other primary closures.

We would be grateful if anyone who has any remaining gastroschisis one-year forms could complete them and return them to us as soon as possible to enable us to complete the data analysis and feed back the full study results to you.

#### Initial surgical management of cases of gastroschisis



### Case Report Summary to 09/06/2009

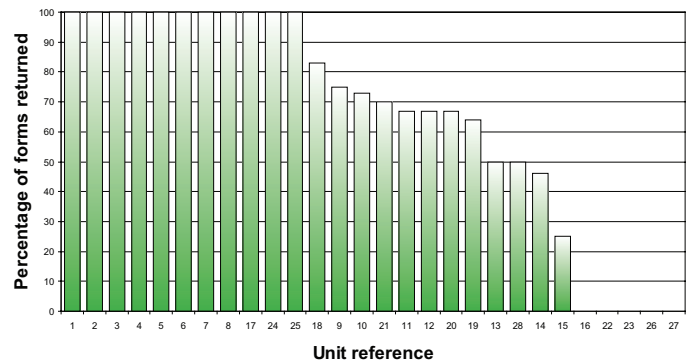
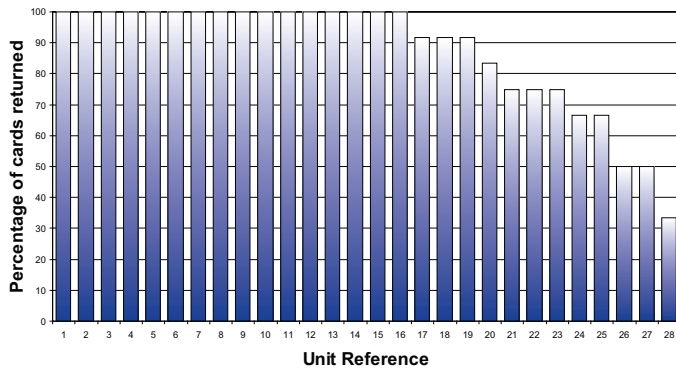
Condition	Cases Reported	Forms returned	Confirmed Cases	Unconfirmed Cases	Duplicate Cases
CDH	8	0 (0%)	0	0	0
Oesophageal Atresia	169	116 (69%)	114 (98%)	0	2 (2%)

## Important news – Congenital diaphragmatic hernia follow-up

As part of the current CDH project funded by Action Medical Research we would like to assess whether parents would be willing to consider being in a future follow-up study. If sufficient numbers are willing to participate this gives us the fantastic opportunity of following a national cohort of children with CDH to look at later complications and the development of these children.

So, as a departure from the usual BAPS-CASS studies, when CDH infants are discharged from hospital we would like their parents to be given a leaflet telling them about the study we are planning and asking them to provide their children's details so that we can contact them again in the future. If they are willing to participate they will send their personal details directly to the NPEU (in the freepost envelope we will provide) and this information will be kept completely separately from the BAPS-CASS data collection which will continue anonymously as usual. We will be circulating the parent leaflets, forms and envelopes to you shortly.

## Card and Form Return Rates Oesophageal Atresia Study April 08-March 09



### Star hospitals

Thanks to the following units who have returned 100% of cards and 100% of forms for the entire TOF/OA study:

Addenbrooke's Hospital  
Chelsea and Westminster Healthcare Trust  
Edinburgh Royal Hospital for Sick Children  
Hull Royal Infirmary  
Nottingham University Hospitals NHS Trust  
Queen Charlotte's & Chelsea Hospital  
Royal Aberdeen Children's Hospital  
Southampton General  
Royal Liverpool Children's Hospital

### The Chocolate Box

Chocolates this month for Atul Sabharwal from Glasgow and Boma Adikibi from Edinburgh for efficient form completion and rapid, conscientious query completion. Thank you!

Marian Knight/Sean Marven (Clinical Coordinators): **01865 289727**

Carole Harris (Administrator): **01865 289714**

email: **BAPS-CASS@npeu.ox.ac.uk**

web: **www.npeu.ox.ac.uk/BAPS-CASS**