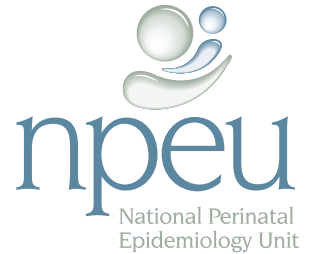




British Association of Paediatric Surgeons Congenital Anomalies Surveillance System (BAPS-CASS)



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

Newsletter 19 January 2012

Gastroschisis study one year outcomes paper published

The results of the BAPS-CASS gastroschisis study have recently been published in the BMJ. The study showed that, compared to infants with simple gastroschisis, those with complex gastroschisis took longer to reach full enteral feeding (median difference 21 days); required a longer duration of parenteral nutrition (median difference 25 days) and a longer stay in hospital (median difference 57 days). They were also more likely to develop intestinal failure (81% v 41%) and liver disease associated with intestinal failure (23% v 4%); and were more likely to require unplanned reoperation (42% v 10%). We also compared infants with simple gastroschisis managed with primary fascial closure and preformed silos.

Compared with infants managed with primary fascial closure, those managed with preformed silos took longer to reach full enteral feeding (median difference 5 days) and had an increased risk of intestinal failure (52% v 32%). There was no significant difference between the groups in the proportion of infants going on to develop liver disease associated with intestinal failure (operative primary fascial closure 4% versus preformed silo

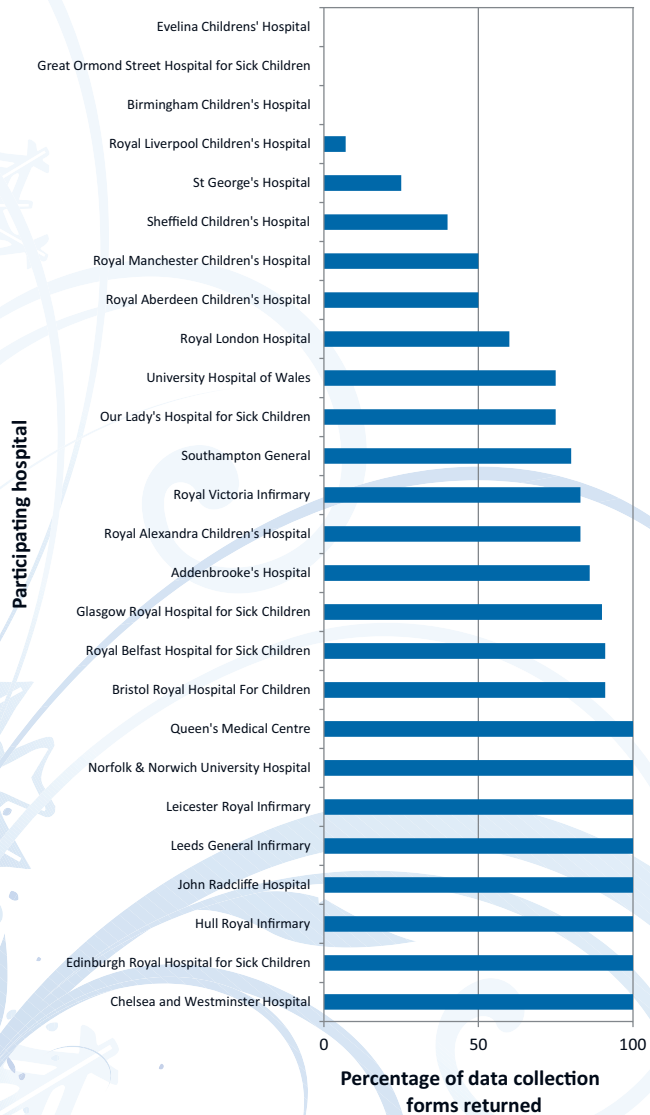
6%; $p=0.5$), suggesting that this observed trend did not have a sustained clinically important effect (that is, they had self-limiting intestinal failure). Event rates for the other outcomes were low, and there were no other significant differences between these management groups.

This nationally representative study provides a benchmark against which individual centres can measure outcome and performance. Noting that this is an observational study and not a randomised controlled trial, therefore it is likely that individual characteristics of infants that we have not captured and the preferences of surgeons influenced the choice of initial surgical strategy and its subsequent success, we believe that there is sufficient clinical equipoise concerning the initial management strategy to embark on a multicentre randomised controlled trial comparing primary fascial closure with preformed silos in infants suitable at presentation for either treatment, in order to determine the optimal initial management strategy and define algorithms of care.

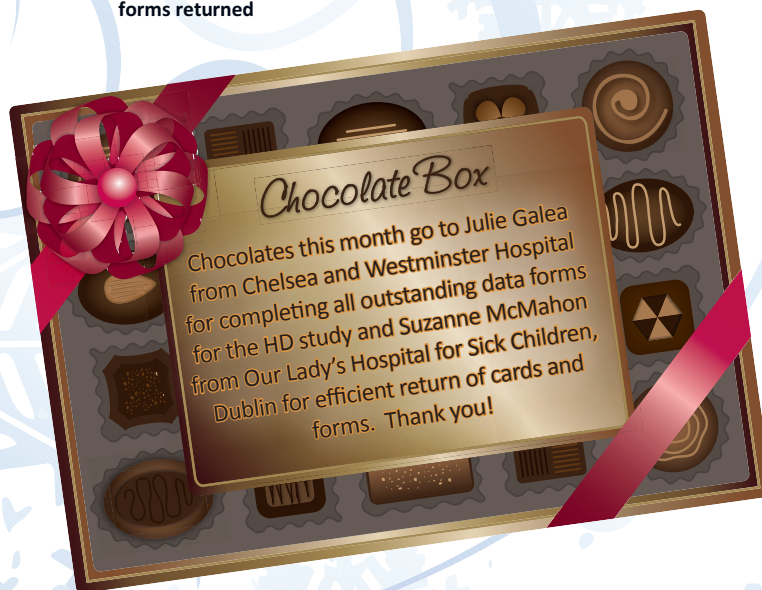
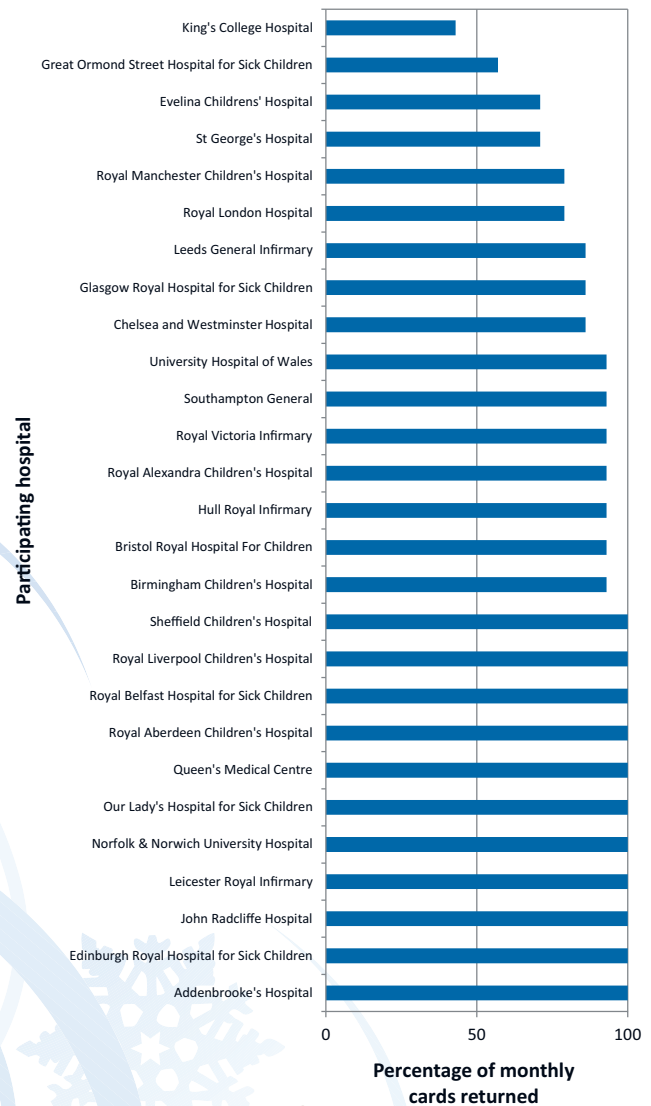
Case report summary for cases reported up until 3rd January 2012

Condition	Cases Reported	Forms returned	Confirmed Cases	Unconfirmed Cases	Duplicate Cases
Hirschsprung's Disease	186	121 (65)	109 (90)	12 (10)	0
Congenital Diaphragmatic Hernia	261	221 (85)	210 (95)	8 (4)	3
Congenital Diaphragmatic Hernia 1yr Forms	167	129 (77)	129 (100)	0 (0)	0

Hirschsprungs disease form return rates October 2010 - November 2011



Hirschsprungs Disease card return rates October 2010 - November 2011



Admin Team: 01865 289714

01865 617764

01865 617774

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

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

