



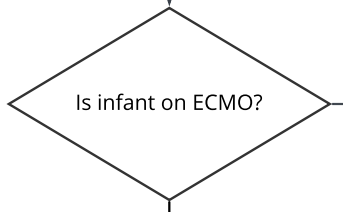
Line Management Prior to Surgery

- Conversion of UVC to PICC
- Attempt to convert UAC to a peripheral arterial line

Preparing for Surgery

Laboratory studies	<ul style="list-style-type: none"> • CBC within 24 hours of surgery • Coagulation studies within 24 hours of surgery • ABG
Vascular access	<ul style="list-style-type: none"> • PICC line • Peripheral arterial line
Antibiotics	<ul style="list-style-type: none"> • Cefazolin (30-50 mg/kg) pre-operatively unless on broad spectrum antibiotics
Fluids	<ul style="list-style-type: none"> • Continue TPN/SMOF lipids • Cautious with fluid boluses prior to surgery

Infant with CDH preparing for surgical repair



CDH repair in NICU within **24 - 36 hours** of ECMO cannulation

Surgical Approach

- Open procedure via abdomen or subcostal incision
- The size of defect may determine the type of surgical closure (*primarily versus a patch*)
 - A patch can be a biologic (*Permacol*) or GORE-TEX, or muscle flap

Refer to [Post-Operative Care](#)

Wait to complete surgical repair until,

- Hemodynamically stable **and**
- Minimal ventilatory settings **and**
- Improved pulmonary hypertension (*less than or near systemic pressures*)

Infants with stable or improved pulmonary hypertension prior to repair have improved post-repair stability and may require watchful waiting or the addition of pulmonary vasodilators

CDH repair in operating room **typically within day of life (3 - 7)**

Staging (A,B,C,or D)
Make note of staging in operative note

Surgical Approach

- Initial approach is thoracoscopically
- May convert to an abdominal approach pending findings thoracoscopically
- The size of defect may determine the type of surgical closure (*primarily versus a patch*)
 - A patch can be a biologic (*Permacol*) or GORE-TEX

Refer to [Post-Operative Care](#)



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This clinical pathway is meant as a guide for physicians and healthcare providers. It does not establish a standard of care, and is not a substitute for medical judgment which should be applied based upon the individual circumstances and clinical condition of the patient. Printing of Clinical Pathways is not recommended as these documents are updated regularly. Copyright © The Children's Mercy Hospital 2024. All rights reserved.