

Post-operative Care of the patient with Myelomeningocele

Goals

1. Protect the incision from damage.
2. Prevent infection of the incision.
3. Prepare family members for discharge through education.

Patient Care

1. Maintain the infant in the prone or side-lying position until directed by Neurosurgical team.
2. Initiate oral feedings when the patient is awake and alert. Feed the patient prone or side-lying. Patient may breastfeed as long as they are not supine.
3. If patient is breastfeeding obtain a Lactation Consult.
4. Maintain the "mud-flap" over the patient's buttocks.
5. Leave the post-operative dressing in place until neurosurgery or plastics team evaluates the wound.
6. Monitor patient for hydrocephalus.
 - a. Obtain an OFC once daily.
 - b. Place a head circumference chart on the bedside chart.
 - c. Document OFC on the chart.
7. Head CT requested by the neurosurgery team and ordered by the pediatric resident team as needed on an individual basis before/after shunt insertion.
8. Other x-rays and scans ordered as needed on an individual basis.
9. The pediatric resident team will order an ultrasound of the kidneys on the 4th-6th day post-op.
 - a. Remove foley catheter on the 4th day post-op and schedule renal ultrasound.
 - b. Check post-void residuals at least twice, 4 hours apart, after the catheter is removed. Do this by checking for a wet diaper and immediately catheterizing with a straight catheter to measure residual volume.
 - i. If residual volume is greater than 30 mL, contact the Spina Bifida Nurse Practitioner for intervention.
 - ii. If residual volume is less than 30 mL, teach caregivers to catheterize the infant in preparation for this to be done once daily at home.
10. Orthopedic and urology consults will be determined on an individual basis by the hospital pediatric team and Spina Bifida Nurse Practitioner.
11. Physical therapy will make arrangements to repeat the MMT before discharge and review the basic therapy with the family.
12. Arrange with audiology (662-4949) for a newborn hearing screen.
13. Teaching
 - a. Coordinate teaching with the Spina Bifida Nurse Practitioner who will provide the family with the Spina Bifida Clinic notebook and handouts.
 - b. Provide family with normal newborn care as appropriate.
 - c. Teach family how to hold and interact with patient.
 - d. Teach caregivers how to change the "mud-flap".
 - e. Teach caregivers how to catheterize the infant using clean technique at home (use LTA Catheterization for boys/girls, clean intermittent).
14. Plan for discharge
 - a. The Spina Bifida Nurse Practitioner will arrange an appointment in the Spina Bifida Clinic for two weeks after discharge. The Spina Bifida Nurse Practitioner will also contact the primary care physician and the family will be instructed to arrange a well child care appointment for 5 days after discharge.
 - b. Assure newborn screen and Hepatitis B vaccine are completed and noted in discharge note.
 - c. Discharge all infants on prophylaxis Amoxicillin 15 mg/kg PO once daily for 8 weeks.
 - d. The discharge planner will
 - i. Arrange an early intervention referral.
 - ii. Procure equipment to straight catheterize the patient at home.