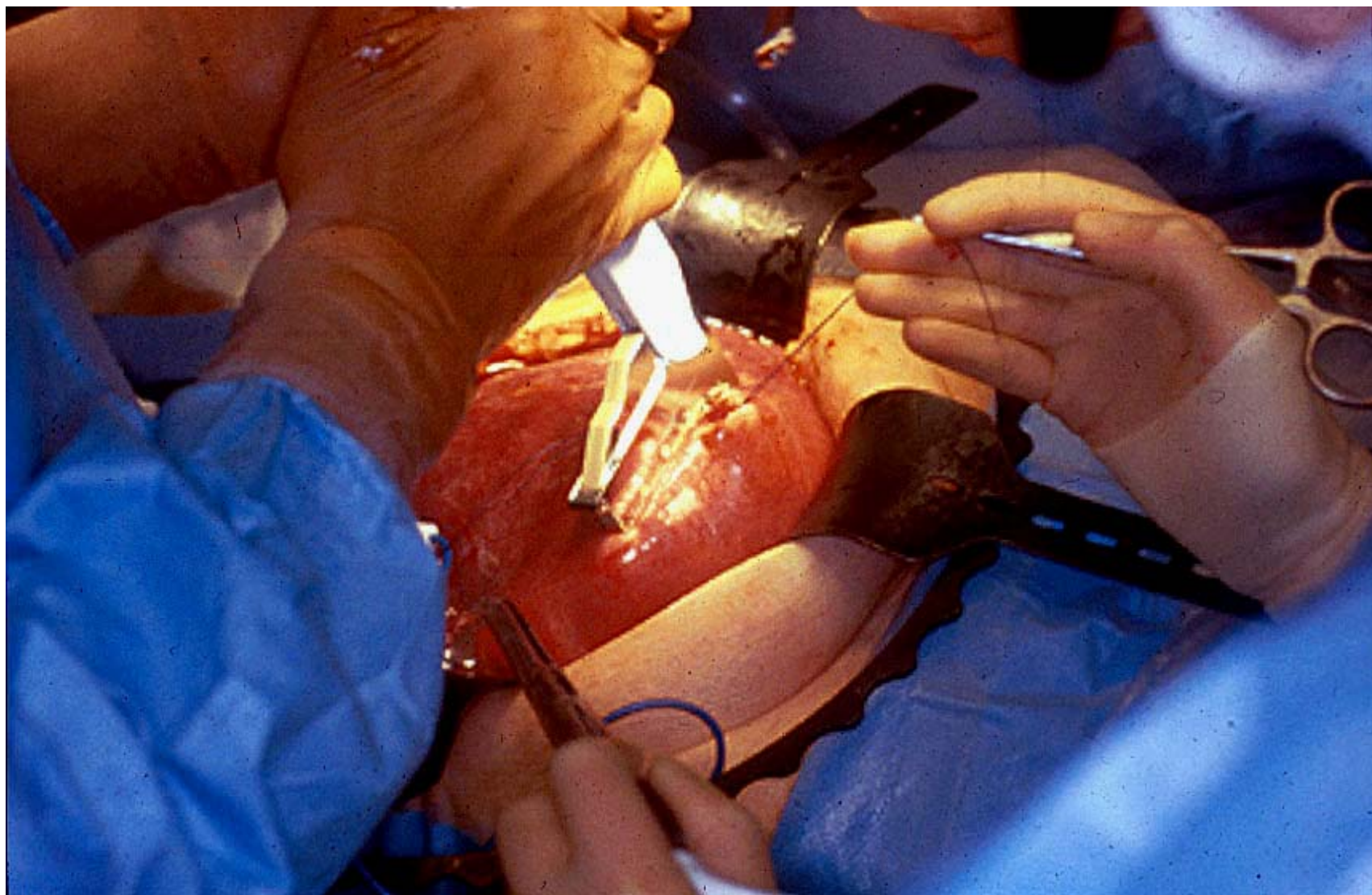
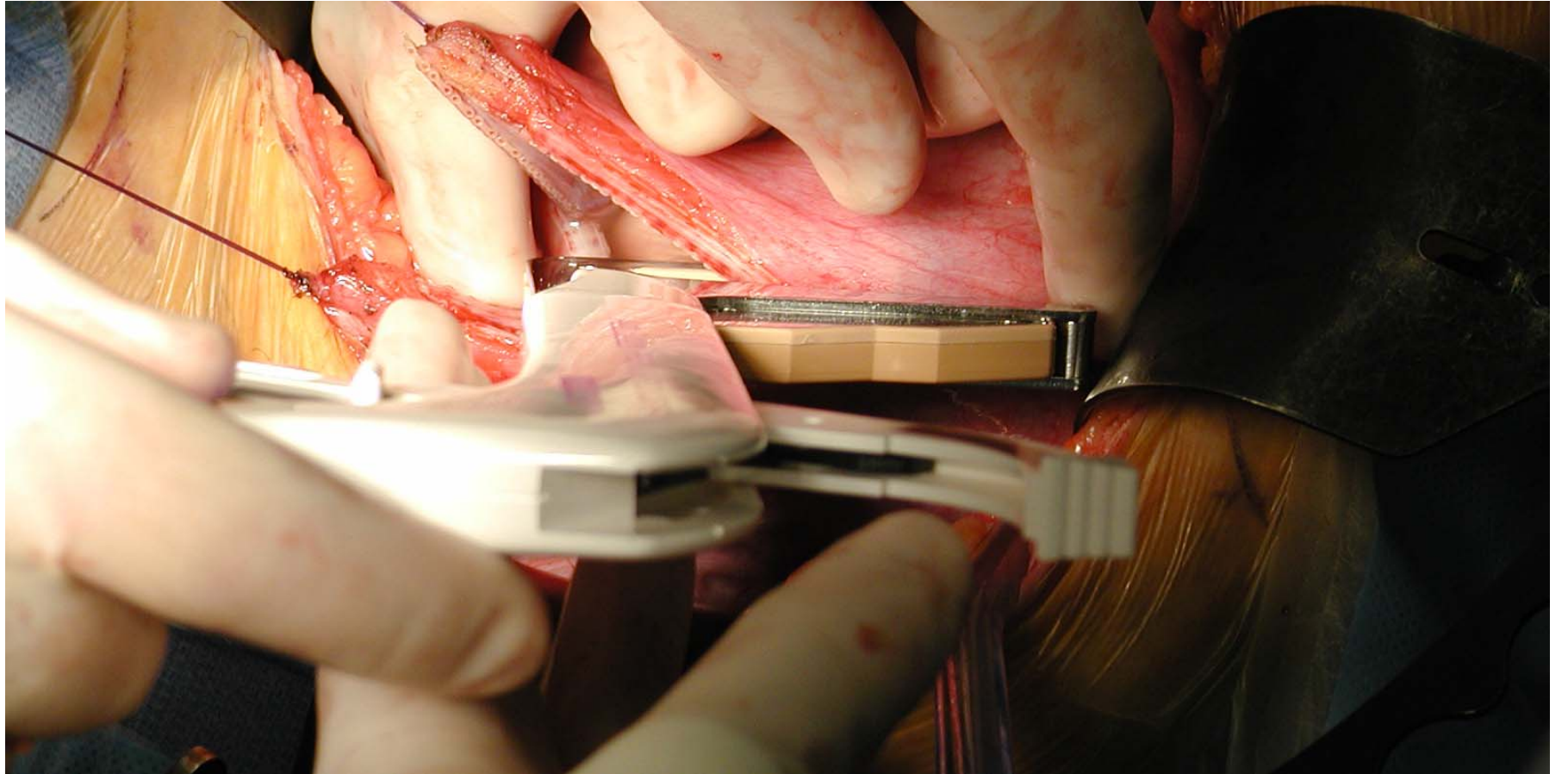
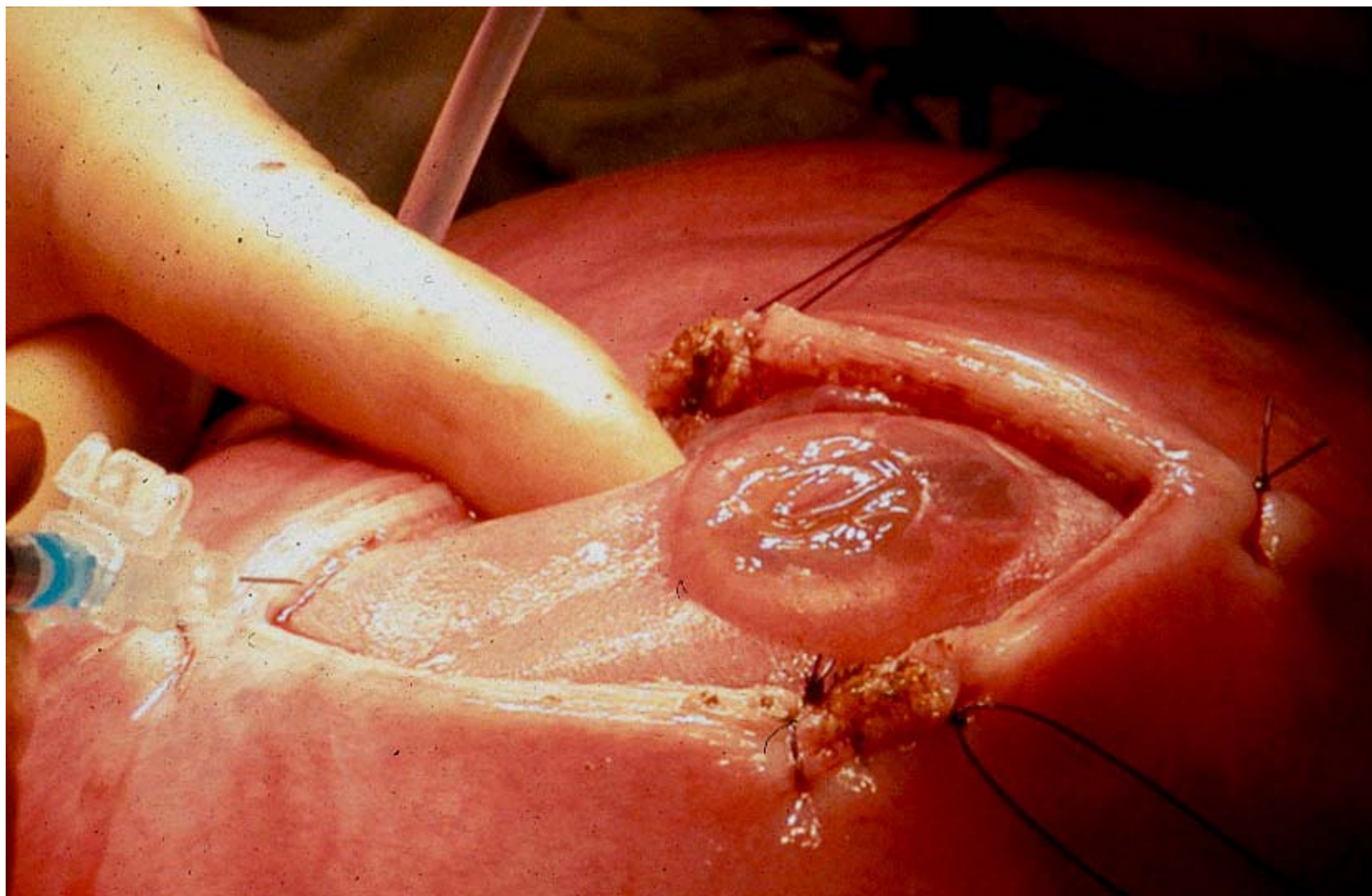




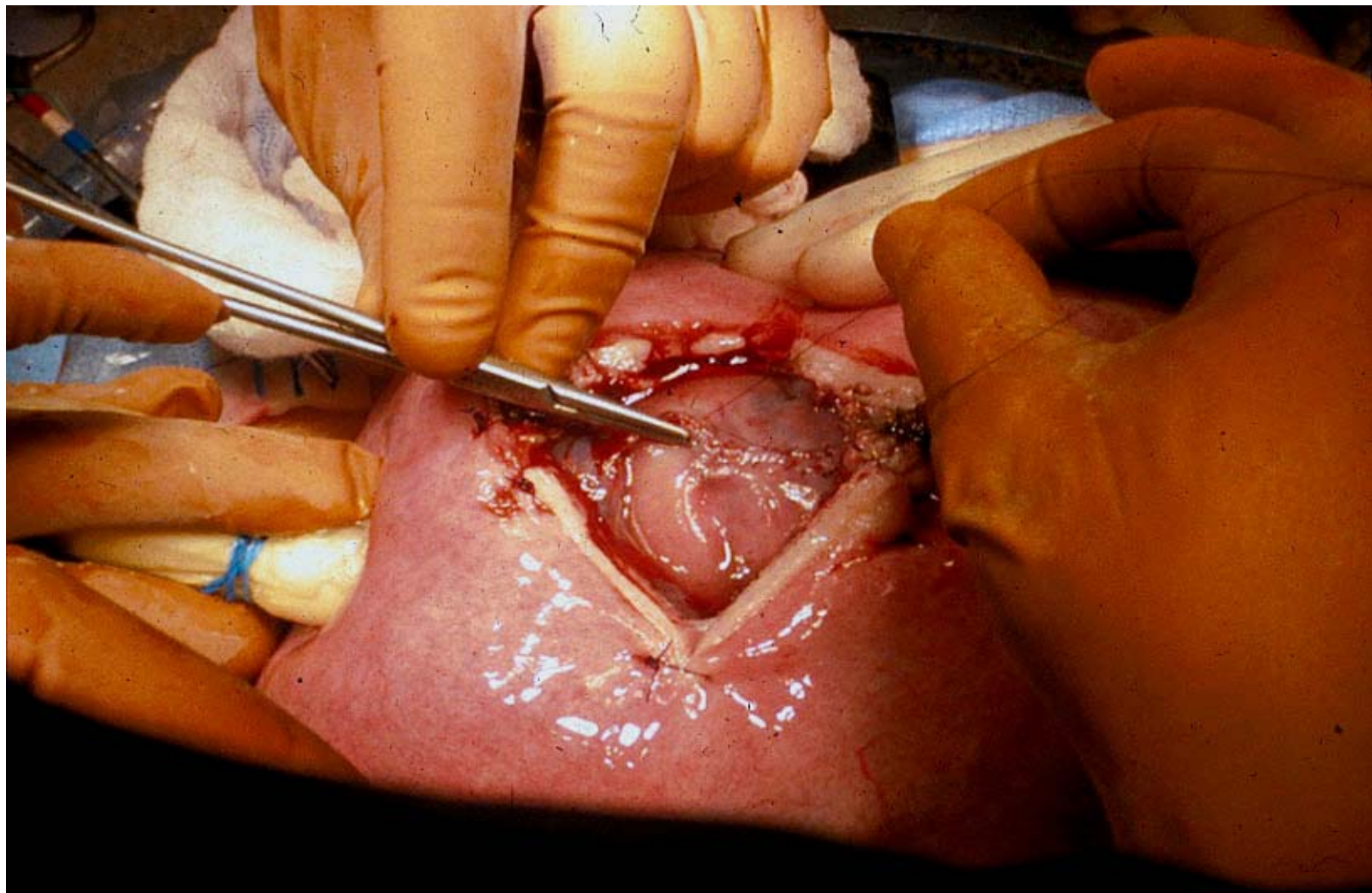


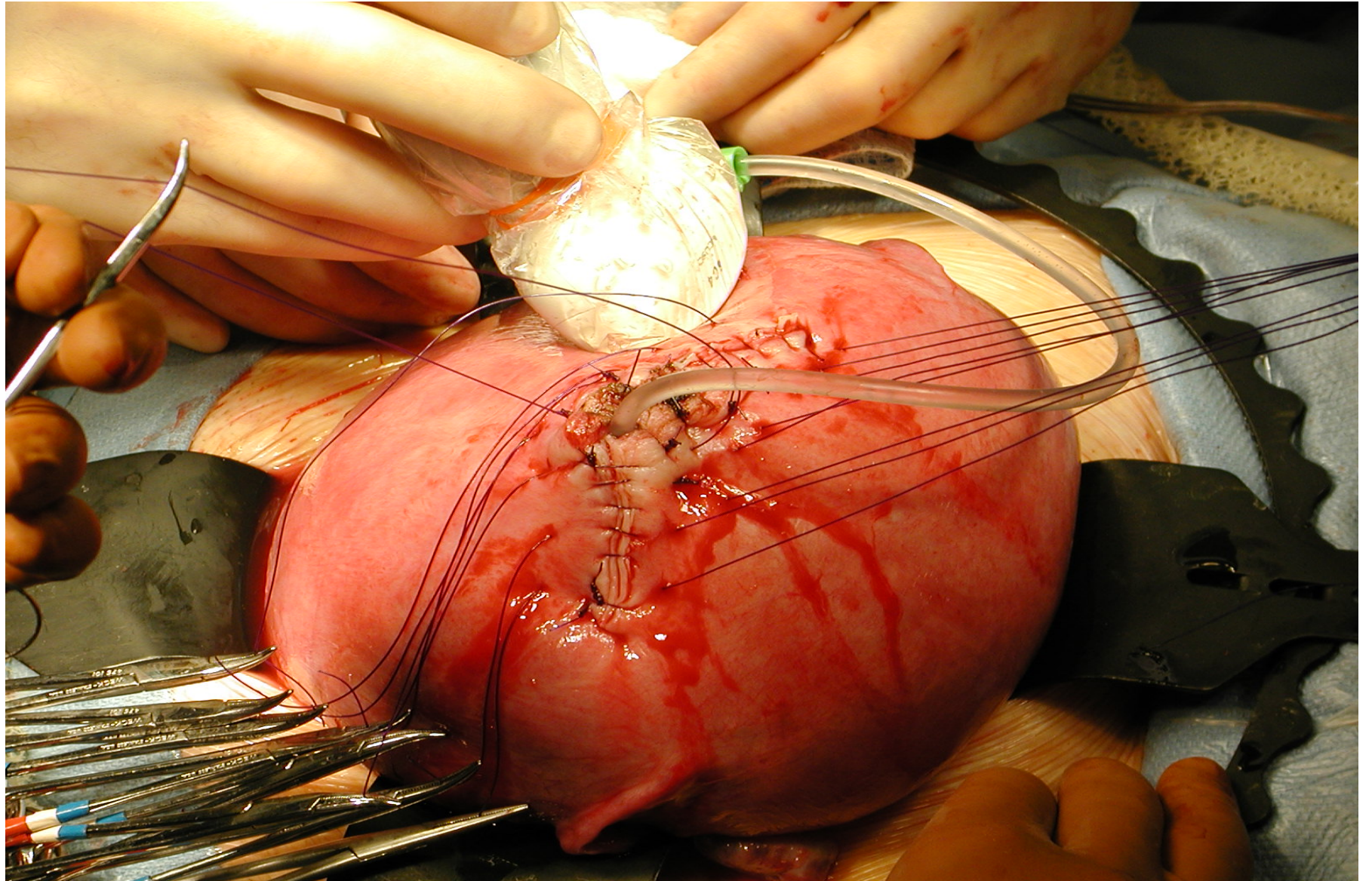














Fetal Neurosurgical Closure

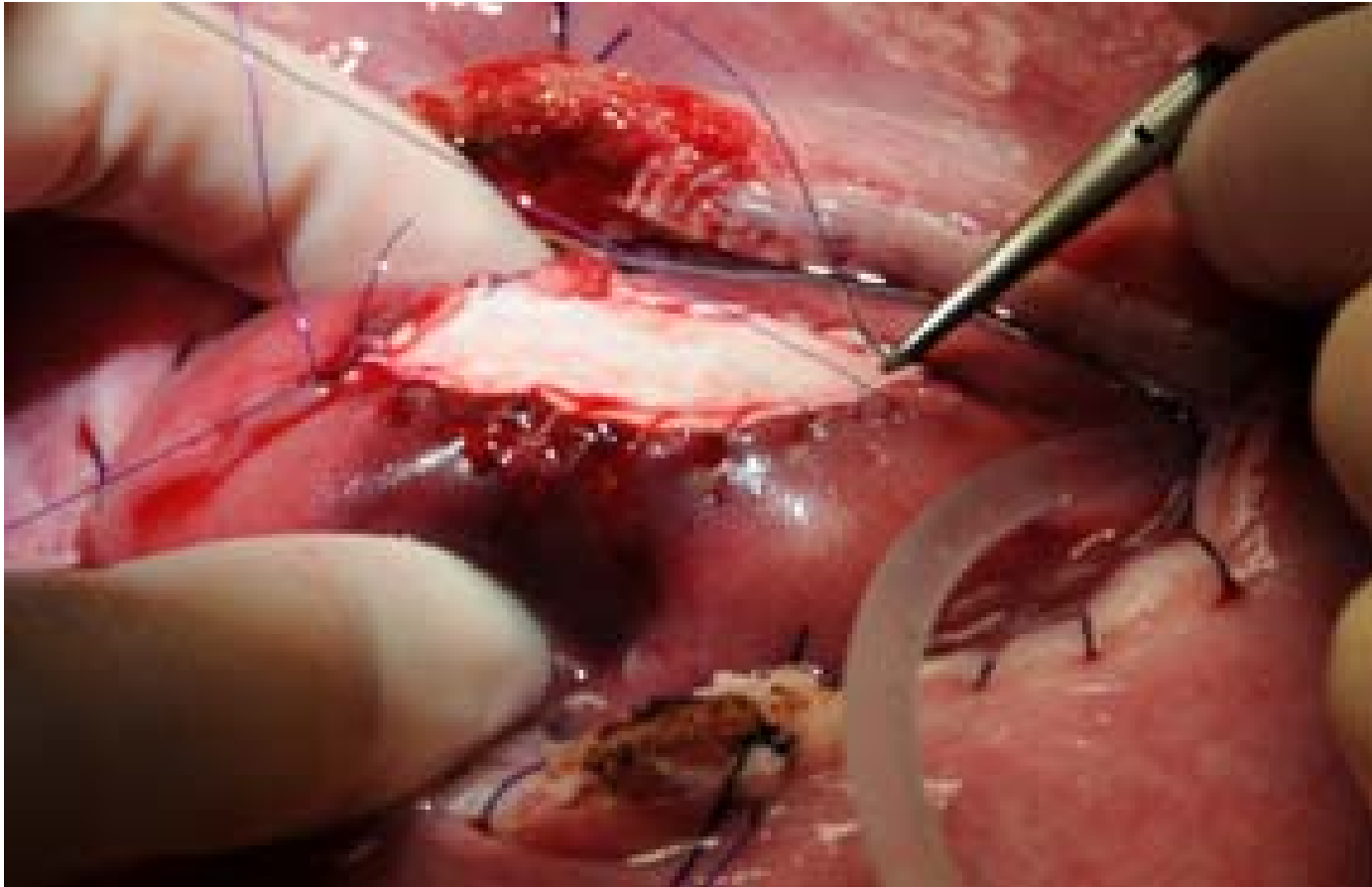
Intraoperative Obstetrical Management:

- positioning of fetus
- ultrasound guidance for hysterotomy
- management of Level 1 fluid infusion into uterus
 - maintain temperature and volume
 - clear is good, red is bad
 - > hysterotomy, hematoma, abruption
- fetal cardiac monitoring (pediatric cardiology)
 - poor cardiac filling
 - > placental or umbilical cord compression
 - poor cardiac contractility
 - > anesthesia, placenta or cord compression
- overall maternal status

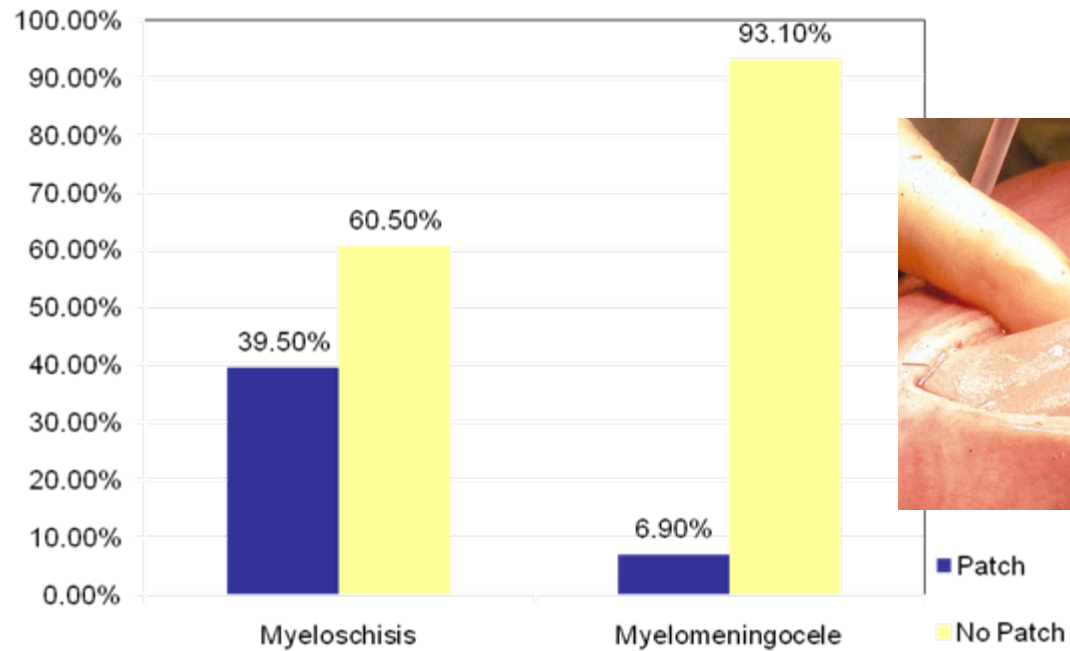
Table 4. Operative characteristics (100 patients)

Gestational age at fetal surgery, weeks	23.3 (20 2/7 – 25 6/7)
Intraoperative cephalic version	
Yes	40 (40%)
No	60 (60%)
Maternal transfusion, U	1 (1%)
Estimated blood loss, ml	131.8 (50–500)
Patch required	
Yes	20 (20%)
No	80 (80%)
Fetal resuscitation	
Yes	5 (5%)
No	95 (95%)
Total operative time, min	78.5 (54–106)
Pulmonary edema	2 (2%)
Postoperative length of stay, days	4.2 (3–8)

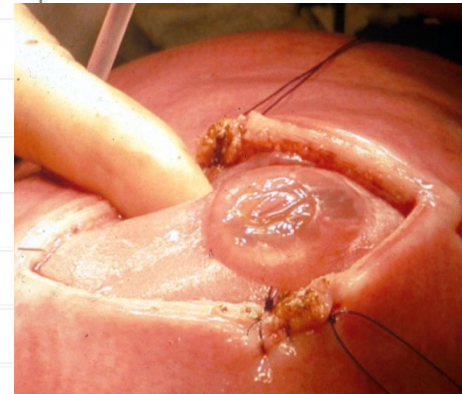
Can We Predict Who Will Require Patch?



Lesion Type and Patch



< 0.0001



Fetal Neurosurgical Closure

Post-operative Management Protocol:

-DOS: tocolysis: MgSO₄ and indomethacin (50mg q 6hrs)

pain management: epidural anesthesia

monitoring: continuous toco for contractions, q shift FHTs

diet: strict NPO

IVF: total fluids restricted to 85 cc/hr

antibiotics: Ancef 1gm x 4 or clindamycin 900mg x 3

drains: foley catheter

Key Points:

- fluid restriction
- pulse oximeter for O₂ saturation
- urine output
- signs of magnesium toxicity