



SCN900.116

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Physiotherapist  
Occupational Therapist  
Social Worker  
Orthotist

### Interim Guideline for Management of Neonates with Myelomeningocele/Meningocele in the NICU

Review Date: 18 May 2023

#### Post delivery management (pre-operatively)

- Apply square piece of sterile plastic over lesion secured with dressing tape using sterile non touch technique with sterile latex-free gloves
- Place an indwelling catheter (IDC)
- Nurse in prone and side lying with loose nappy, do not apply undue pressure to lesion
- Contact neurosurgical team via registrar (Dr Kohan/Dr Mitchell)
- Contact Rehab team via registrar/fellow or Rehab CNC (Dr Lim)
- Contact Urology team via fellow (Dr Dally/Dr Giutronich)



#### Post operative management

- **When feasible** commence clean intermittent catheterization 4-5x/day and start CIC education with parents with low dose antibiotic prophylaxis
- Continue to nurse prone or side lying until cleared by Neurosurgical team
- Daily head circumference
- MRI Brain and Spine– usually within 48 hours
- Avoid use of latex
- Renal ultrasound at 1 week and 6 weeks
- If hydrocephalus/Chiari II is present, refer to sleep team for sleep study due to risk of sleep disordered breathing
- Bladder diary of catheter volumes at 6 weeks
- Hip Ultrasound at 6 weeks
- Monitor feeding and weight gain
- Ongoing review by Neurosurgical, Rehabilitation (will also liaise with Physio/OT as required ) and Urology teams
- +/- Orthopaedic review +/- casting/splinting depending on examination findings
- Social work – emotional support and commence NDIS application
- Routine newborn care including hearing assessment, immunisations



#### Discharge

- Advise Rehab CNC of discharge and we will organize follow up outpatient appointment in MDT Spinal Dysraphism Clinic