

**Abbreviations (laboratory & radiology excluded):**  
 pt. = patient  
 UTD = Urinary Tract Dilation  
 MRI = Magnetic Resonance Imaging  
 UTI = Urinary Tract Infection  
 POD = Post-Op Day

Newborn Myelomeningocele

Pre-natal Repair      Post-natal Repair

Recommendation if born at outside hospital for pre-natal repair

Recommendation if born at outside hospital for post-natal repair

**Incision Management:**

- Routine skin care, if patch is exposed then skin care per neurosurgeon evaluation and recommendation

**Consult:**

- Neurosurgery
- Urology when there is hydronephrosis (UTD 2 and above)
- Rehab
- Spinal Differences Coordinator
- Occupational Therapy for feeding issues (if needed)
- Physical Therapy (if needed)
- Orthopedics at direction of rehab team

**Antibiotics:**

- UTI prophylaxis (ampicillin or cephalexin) if any hydronephrosis on renal US

**Imaging:**

- MRI Brain Rapid Sequence
- MRI Spine (Full)
- Renal Ultrasound
- Head Ultrasound if unable to obtain MRI

Clean Intermittent Catheterization (CIC)

**Preoperative Care**

**Spinal Defect Management:**

- Telfa then saline-soaked gauze, then secure with Saran Wrap

**Consult:**

- Neurosurgery
- Urology when there is hydronephrosis (UTD 2 and above)
- Rehab
- Spinal Differences Coordinator
- Occupational Therapy for feeding issues (if needed)
- Physical Therapy
- Orthopedics at direction of rehab team

**Antibiotics:**

- Ampicillin and gentamicin until repaired
- UTI prophylaxis (ampicillin or cephalexin) if any hydronephrosis on renal US

**Preoperative Imaging**

- MRI Brain Rapid Sequence
- MRI Spine (Full)
- Renal Ultrasound
- Head Ultrasound if unable to obtain MRI

**Post Op Management:**

- Head ultrasound POD 1
- Daily head circumference
- Wash incision POD 2
- No Scalp IV**

**Discharge Readiness:**

- Orally feeding
- Safe sleep plan established
- Incision care plan per neurosurgery
- Complete family teaching: Family teaching resources

- CIC
- Renal Bladder Ultrasound
- Head ultrasound POD 1
- Daily head circumference
- Wash incision POD 2
- Additional head imaging maybe needed per neurosurgery
- No Scalp IV**

**Discharge Readiness:**

- Orally feeding
- Safe sleep plan established
- Incision care plan per neurosurgery
- Complete family teaching: Family teaching resources

**Discharge follow up appointments (timing):**

- PCP (outpatient head circumference, weight gain follow-up and early referral prn)
- Spinal Differences Clinic (SDC) (3 months from discharge)
- Neurosurgery (follow up sooner than 3 months if concerns of incision issues or hydrocephalus, otherwise 3 months at SDC)
- Urology (3 months at SDC)
- Early intervention (PT/OT/Speech)

Repair occurs day of life 1-2 if clinically stable per Neonatology and Neurosurgery assessment

**Back Incision Management**

- Postoperative positioning prone for 48h, then check with attending neurosurgeon for further duration
- Mud flap

**Hydrocephalus Treatment?**

Yes

- Additional head imaging maybe needed per neurosurgery
- CIC
- Renal Bladder Ultrasound

**Hydrocephalus Treatment?**

No