

# PEDIATRIC SURGERY

## Congenital diaphragmatic hernia repair

## Preference Card

1. Left subcostal incision.
2. Pull bowel, stomach, spleen out of chest.
3. Define the extent of the diaphragm. Posteriorly it is necessary to dissect the diaphragm off of the kidney and adrenal by blunt dissection and bovie--this edge usually isn't obvious.
4. Approximate diaphragm with interrupted, double-pledgeted 3-0 ethibond horizontal mattress sutures. Lay them all in and tie in the end. Usually no chest tube is placed.
5. If the diaphragmatic defect does not permit primary closure, a patch will be necessary. Use a Gortex patch and cut in an ellipse slightly larger than the defect so that the resulting diaphragm can have some natural concavity. Sew in with pledgeted ethibonds, as in primary closure.
6. Close fascia in 2 layers with 3-0 and 4-0 PDS.