# Congenital Diaphragmatic Hernia

Panel discussion & audience feedback

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### Disclosures

I have no conflicts of interest to disclose.







### CDH case presentation

### **Using the app:**

- Download Poll Everywhere
- Join a presentation
  - PollEv.com/matthewthart564

### By text:

Text "MATTHEWTHART564" to 22333







What is your current role?

Faculty physician

Training physician

Nurse / APN / NP / PA

Administration / leadership

Family / community

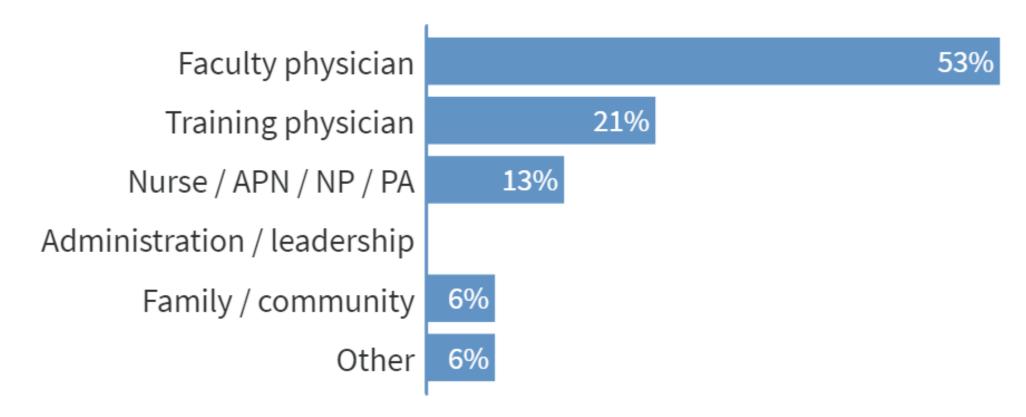
Other







#### What is your current role?









What is your current / desired area of specialty?

Pediatric surgery

Neonatology

Pediatric critical care

Maternal fetal medicine / obstetrics

General Pediatrics / Pulmonology / Radiology

Research

Other

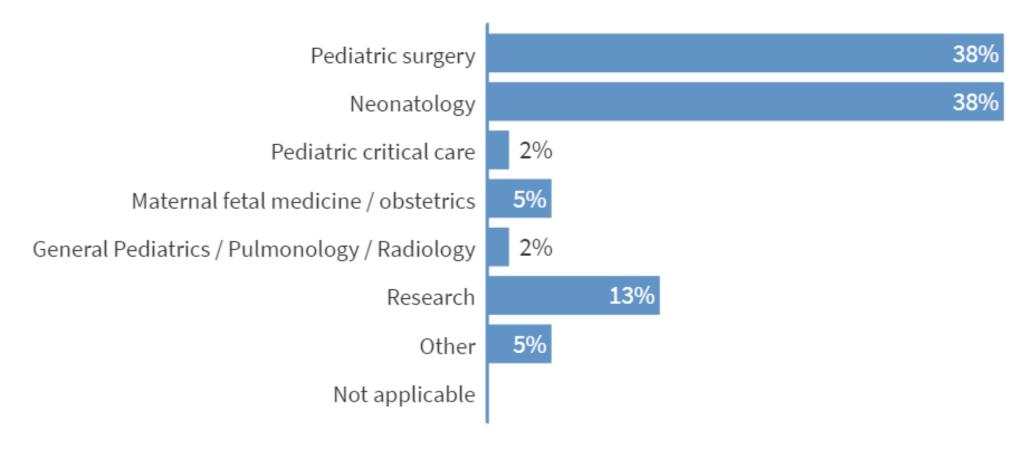
Not applicable







#### What is your current / desired area of specialty?

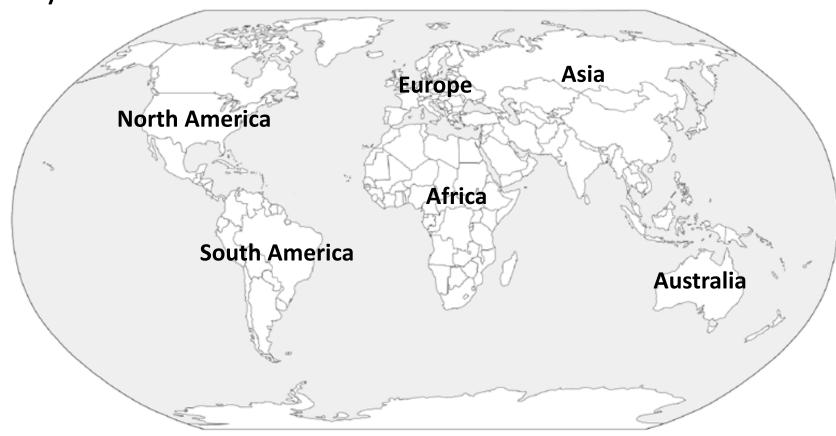








Where are you from?









### Where are you from?



Total Results: 79







### Reminders...

Feel free to come to the microphone anytime – audience participation makes this way more fun and educational...

If I cut you off, only trying to stay on time – lot of ground to cover.

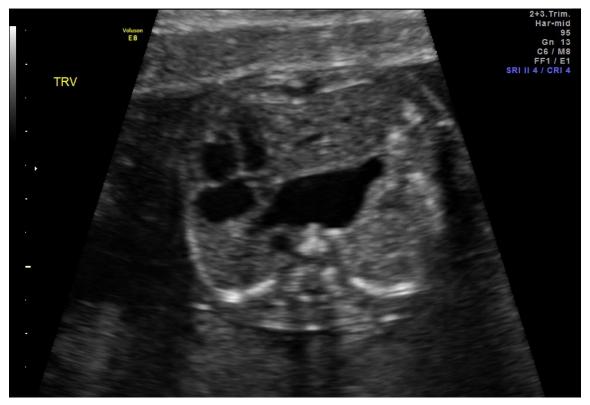






### CDH case presentation

You are asked to see a 29 yo mother (first pregnancy) with a 20 week
EGA fetus who has a suspected left CDH on an initial screening US

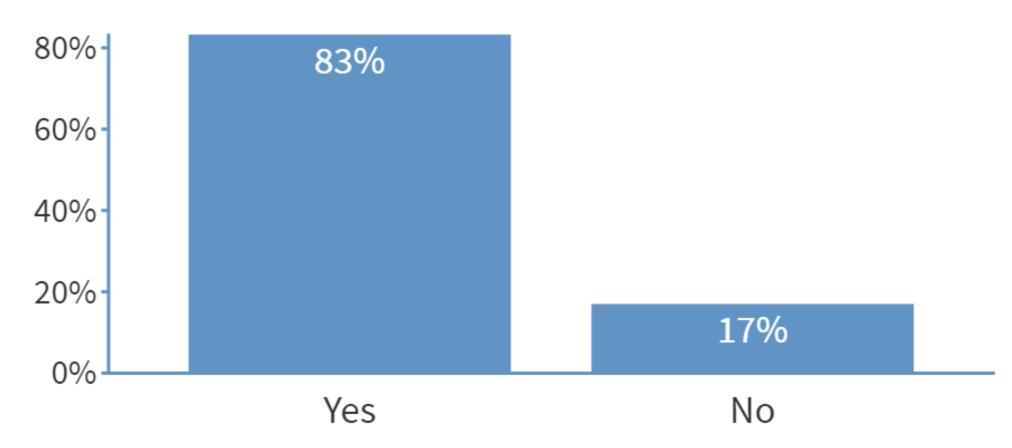








#### Do you have a fetal center at your institution?

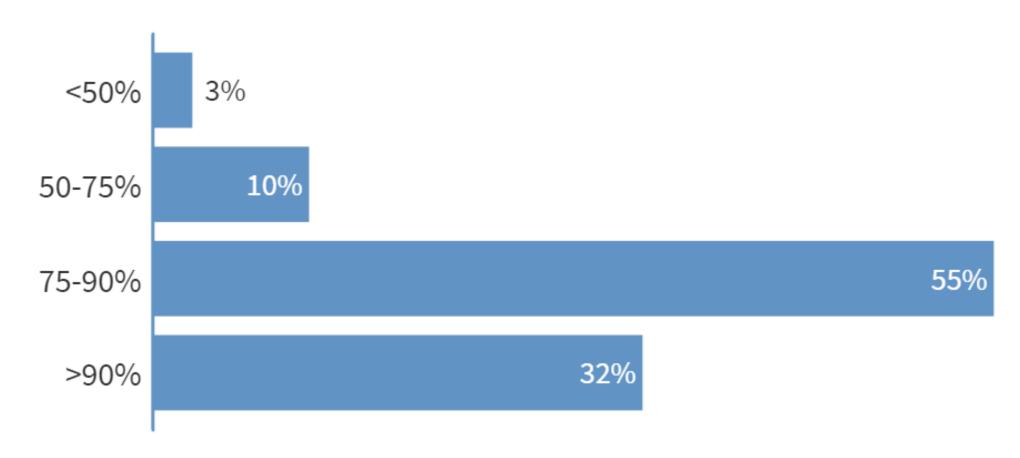








#### Estimate the rate of prenatal diagnosis at your institution.

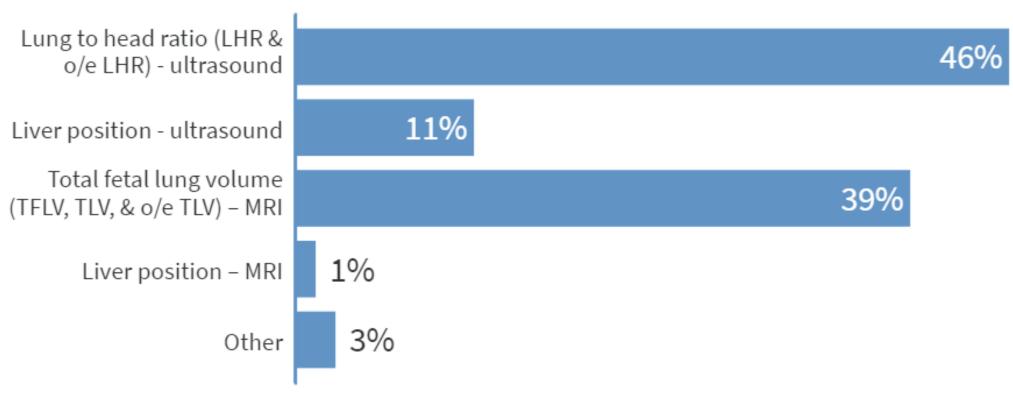








# What CDH-specific prenatal prognostic evaluation is most important to you when discussing severity of disease with the family?

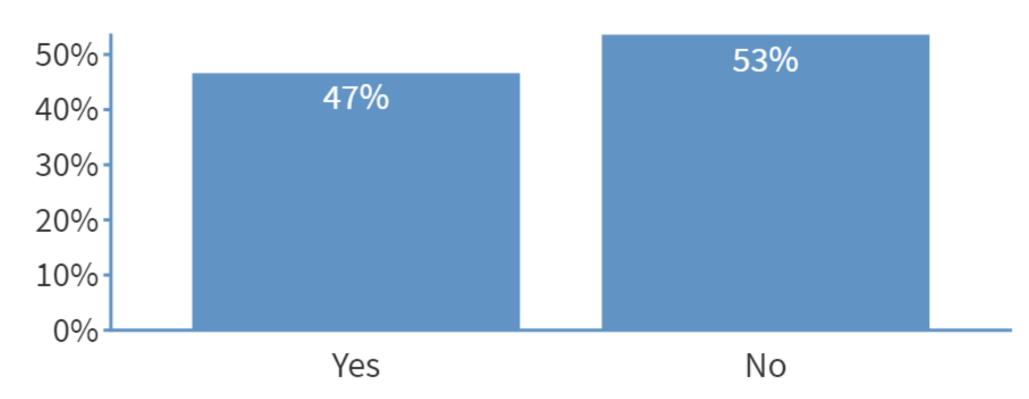








# Do you offer prenatal surgical intervention at your institution?









# Final thoughts...

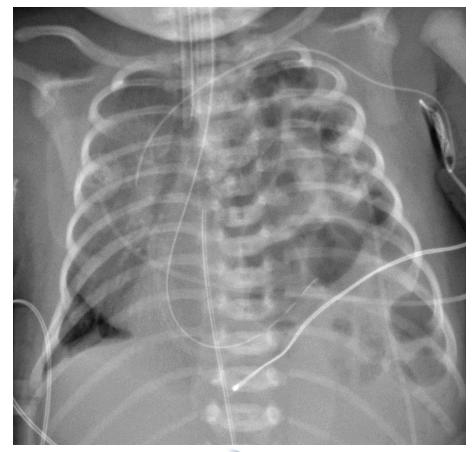






### CDH case presentation

You are asked to see a newborn with the following chest radiograph

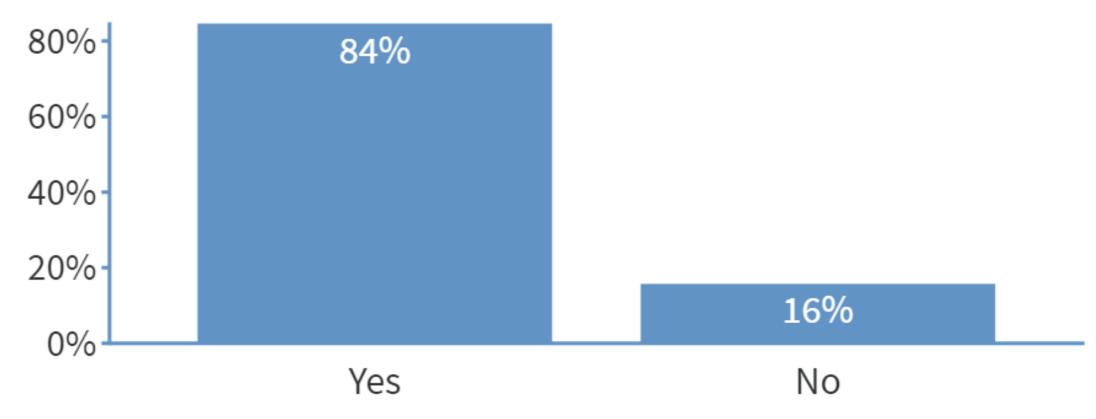








# Are CDH patients delivered and managed in the same building at your hospital?

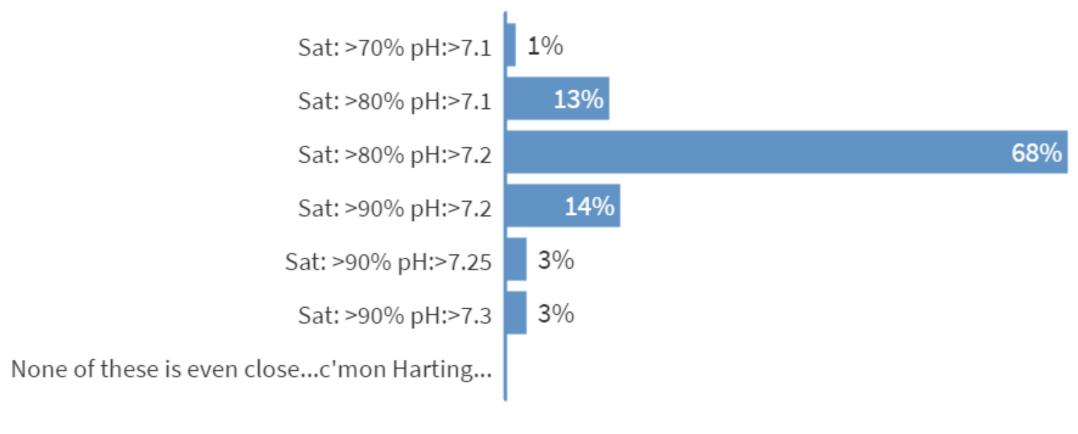








# By 3-4 hours of life, what are your target goals for oxygen saturation and pH?

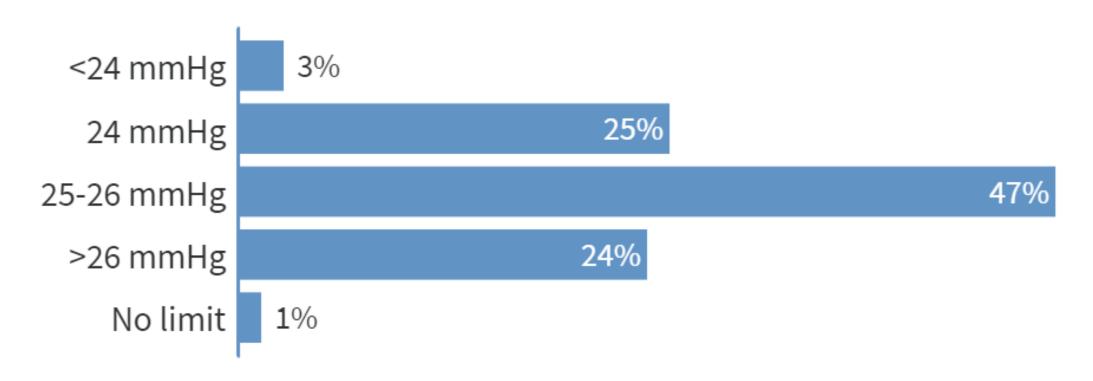








# What are your maximum ventilator peak inspiratory pressures (PIP) that you would use prior to changing to HFOV, ECLS, or some other method?









### At your institution, HFOV is used for CDH patients:

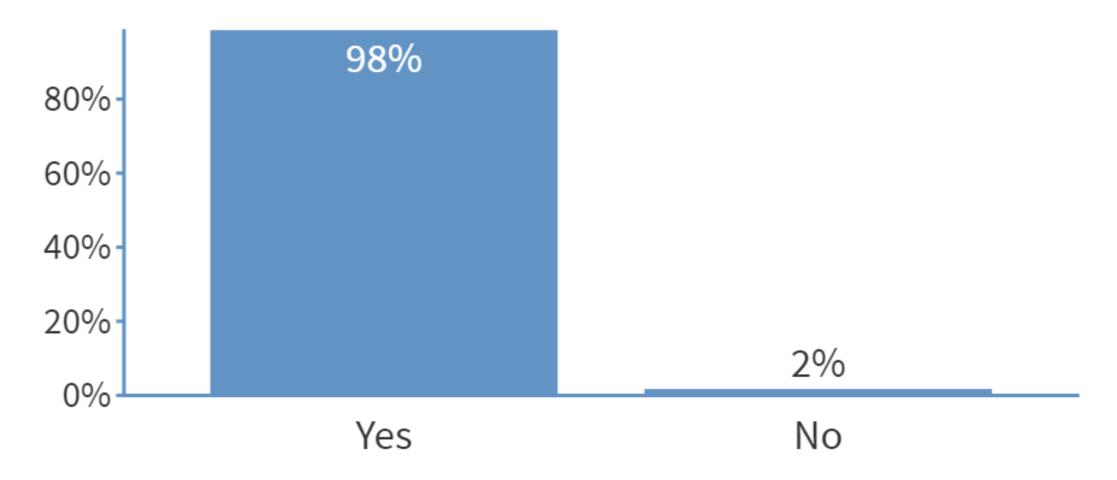
because you believe it rescues 15% many patients from ECLS because you believe it rescues 74% a few patients from ECLS because it looks cool (ie as you 4% are preparing to go on ECLS) Not at all (ie it is not in your 7% algorithm)







### Is ECLS used to support CDH patients at your institution?







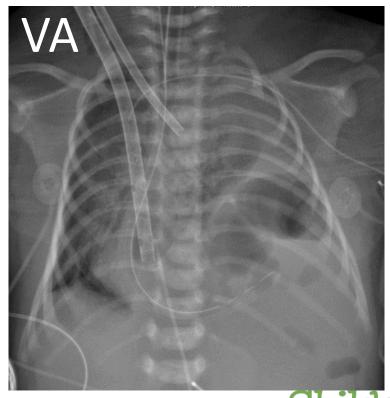


### Postnatal

If you are to cannulate to ECLS secondary to not meeting goals but your hemodynamics are stable – what mode would you try first?





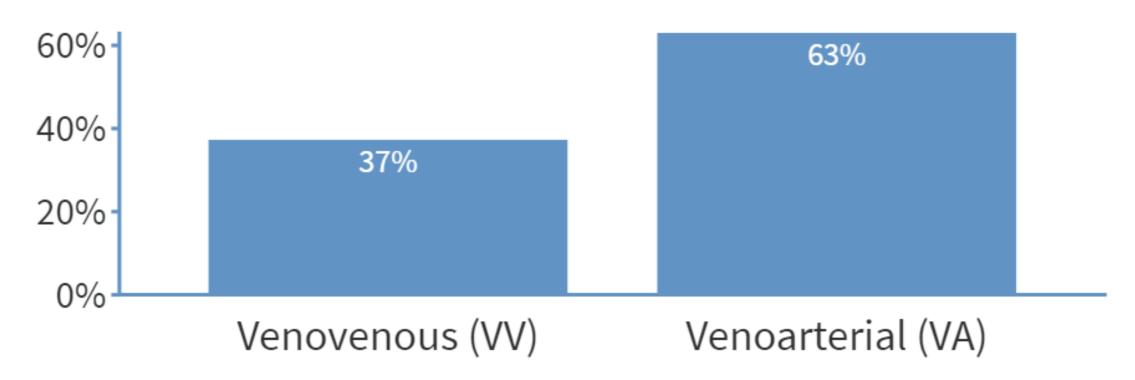








# If you are to cannulate to ECLS secondary to not meeting goals but your hemodynamics are stable – what mode would you try first?





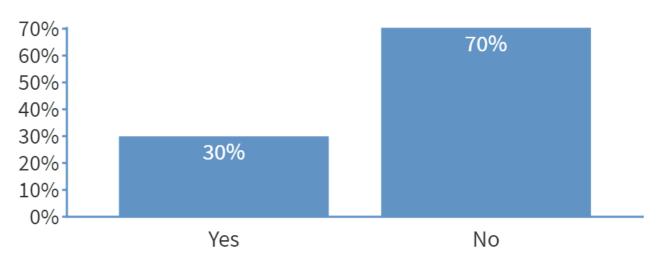


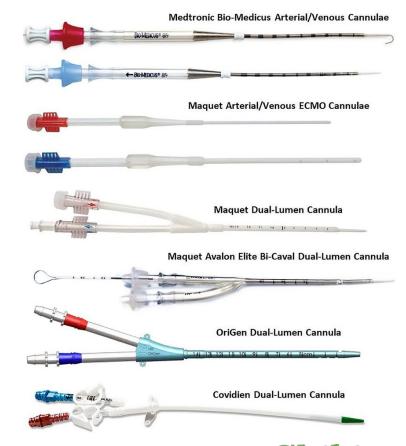


### **Postnatal**

If you are to cannulate to ECLS – do you use the 13Fr Avalon?

If you are to cannulate to ECLS – do you use / consider the 13Fr Avalon?





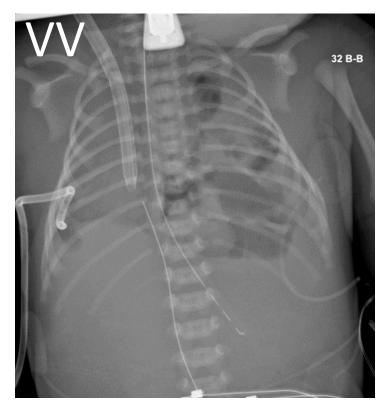


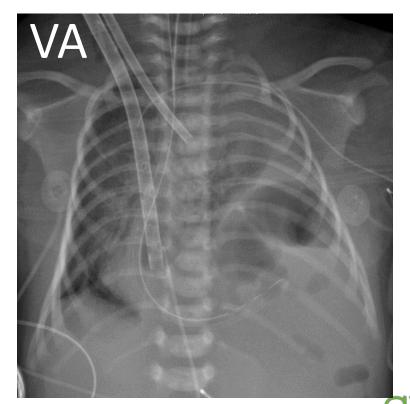




### **Postnatal**

If you are to cannulate to ECLS secondary to not meeting goals and your hemodynamics are <u>unstable</u> – what mode would you try first?

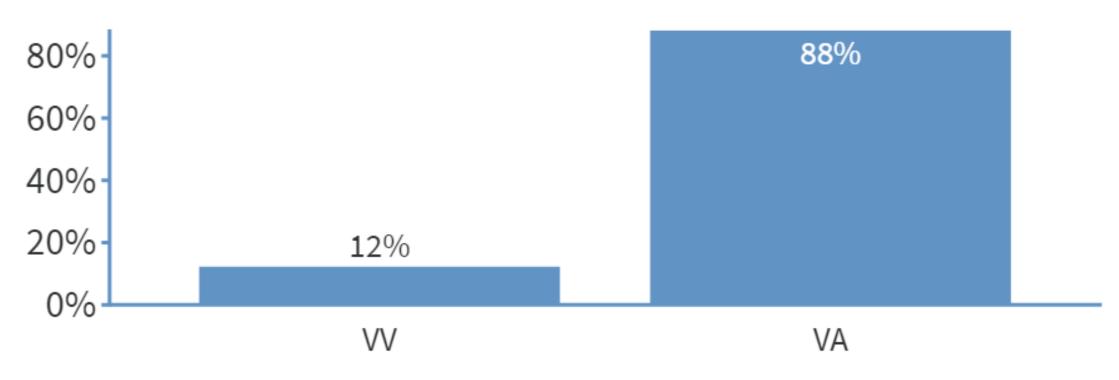








# If you are to cannulate to ECLS secondary to not meeting goals and your hemodynamics are unstable – what mode would you try first?

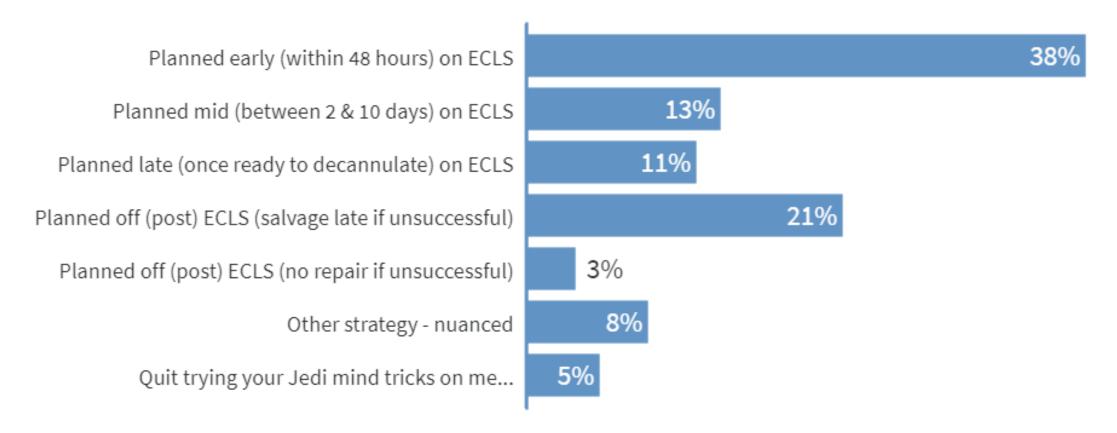








# Smooth cannulation... what is your preferred diaphragmatic repair strategy?

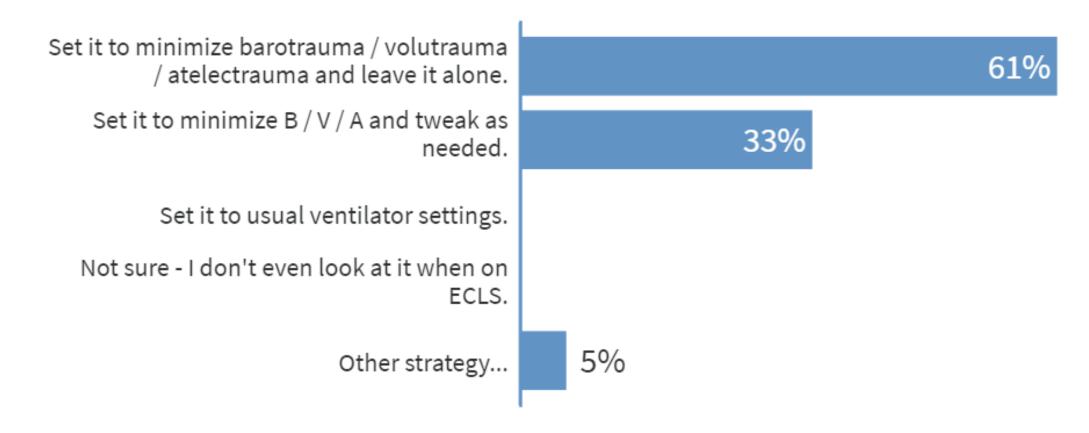








#### While on ECLS, what do you do with the ventilator?









### On ECLS

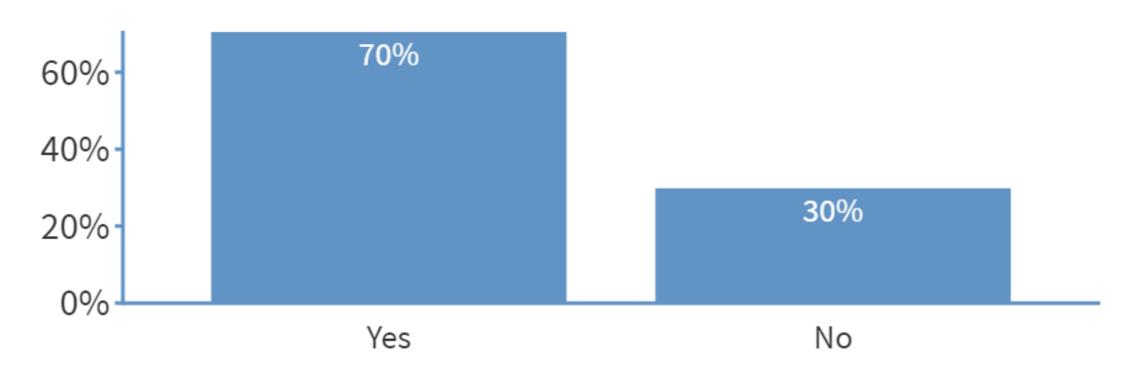
Weaning and liberation from ECLS is tricky...







# Does pulmonary hypertension (assessed by echocardiogram) factor into your decision to proceed with repair?

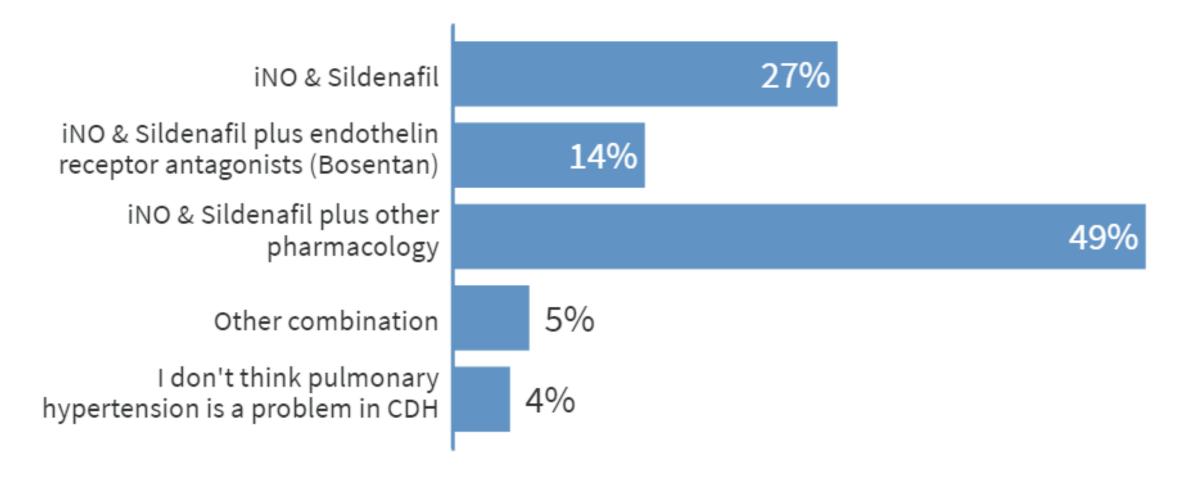








### What do you prefer to try for pulmonary hypertension management?









# Ongoing CDH inpatient management

Thoughts on this window...







#### How is your post-discharge CDH care structured?

Dedicated, multidisciplinary 71% CDH clinic Multidisciplinary providers 28% in different clinics Just follow-up with surgeon Not really sure what happens after discharge







# What do you see as the single greatest medical challenge facing CDH survivors?

24% Pulmonary challenges 17% Gastrointestinal challenges Neurodevelopmental challenges Orthopedic challenges Something else... 6%







# Post-discharge

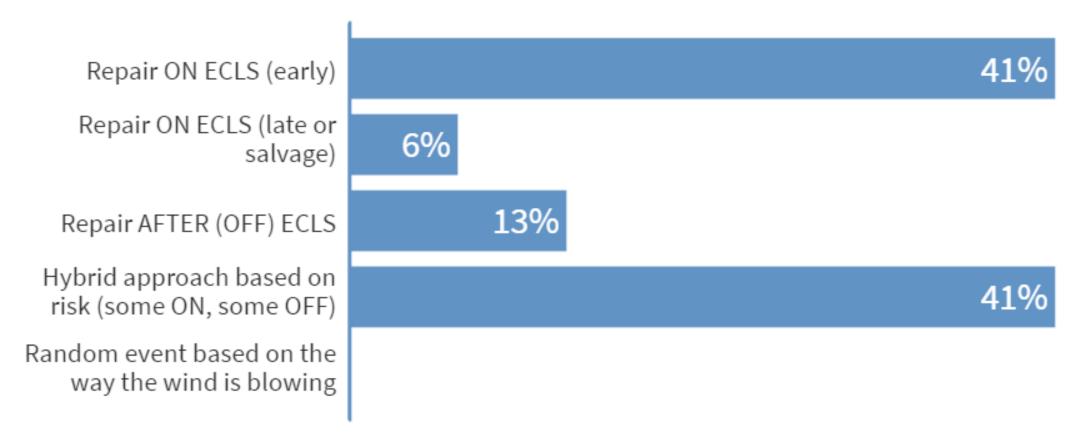
# Final thoughts...







# What is your current overarching institutional approach to diaphragmatic repair for CDH patients placed on ECLS?

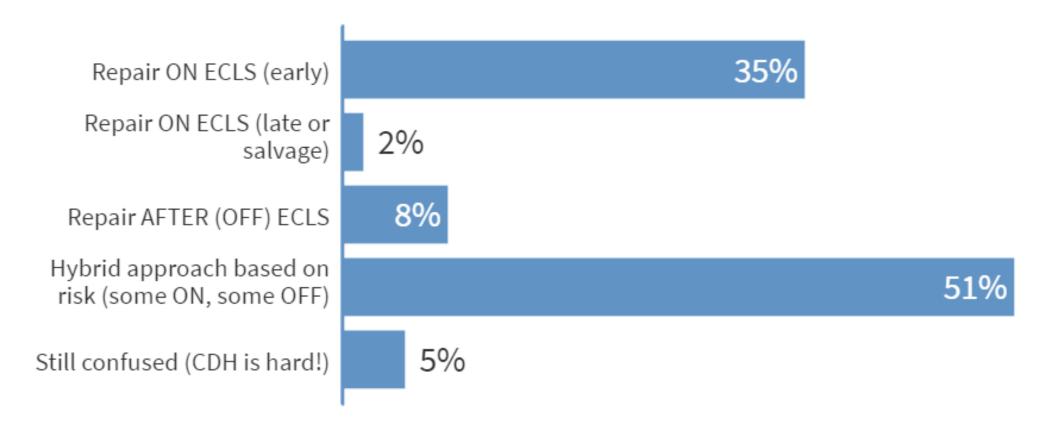








# After the debate, I feel like the best approach to diaphragmatic repair for CDH patients on ECLS is:

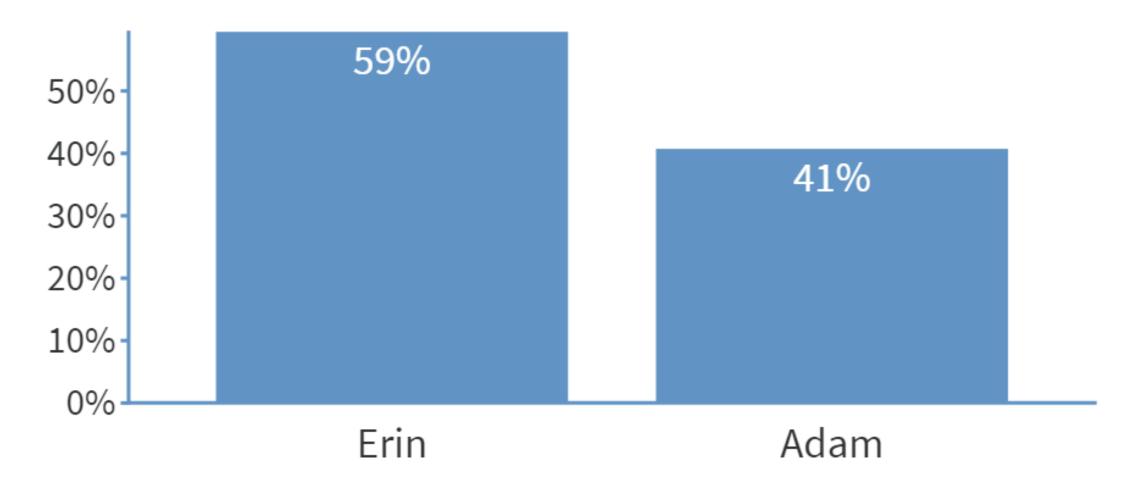








#### Who won the debate?









### Please remain in Live Oak







