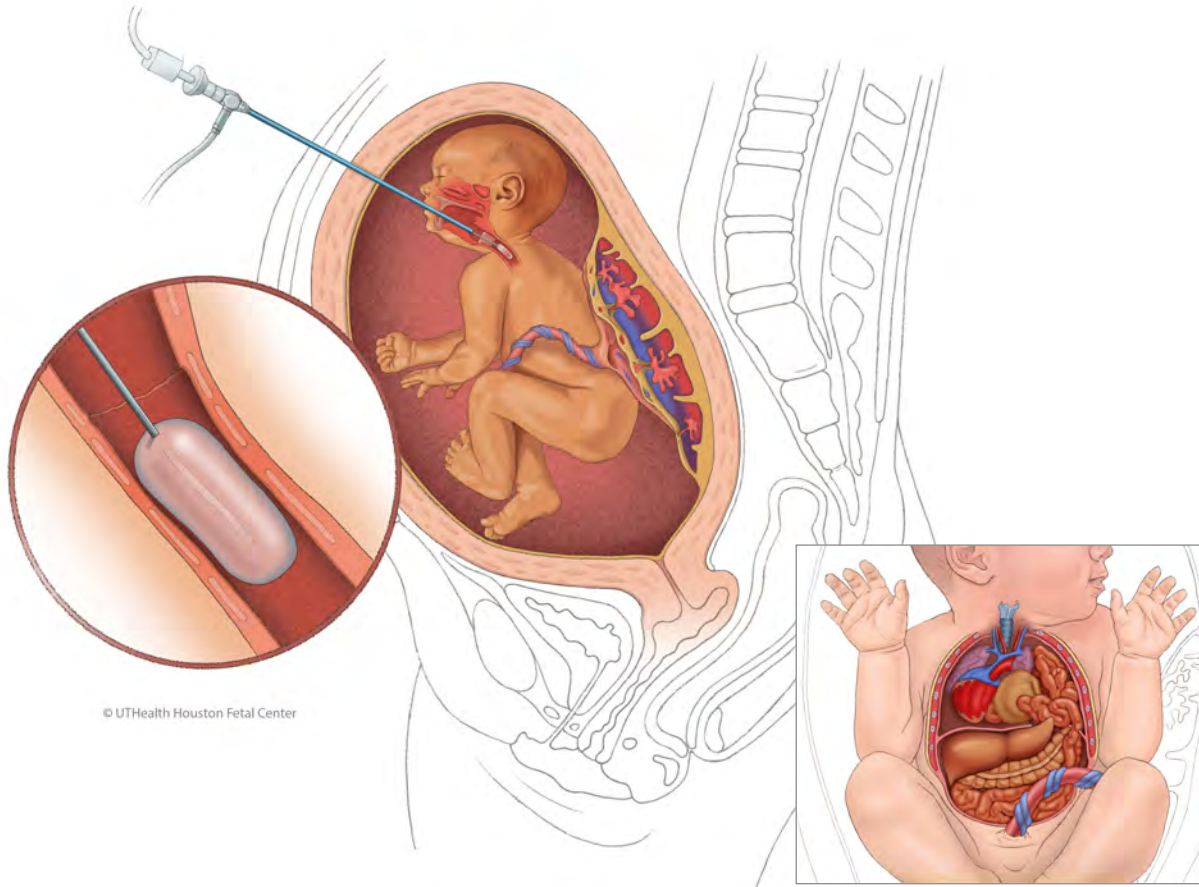


Fetoscopic Endotracheal Occlusion (FETO) for Congenital Diaphragmatic Hernia (CDH)

UTHealth Houston Fetal Center physicians are available 24 hours a day, seven days a week. To speak with a clinical specialist, call **832-325-7288**.



Inclusion Criteria

- Maternal age > 18 years
- Singleton pregnancy
- Normal karyotype, CMA, or WES
- Isolated left CDH with O/E LHR < 30%
- Isolated right CDH with O/E LHR < 45%
- Intrathoracic herniation of fetal liver
- Gestation at surgery 27 0/7 to 29 6/7 weeks

Exclusion Criteria

- Allergic to latex
- Preterm labor, placenta previa or accreta, or cervix shortened (<15 mm)
- Inability to reside within 30 minutes of The Fetal Center during time FETO inserted
- Lack of a support person to stay with the patient during the time between FETO insertion to removal of the balloon
- Additional fetal anomaly or chromosomal abnormalities
- Maternal medical or surgical contraindication to fetoscopic surgery

Risks

- Premature rupture of membranes < 37 weeks (50%)
- Preterm delivery

Benefits

- Reduced length of hospitalization
- Reduced long-term morbidity
- Potential increased survival rates

References

1. Bergh E, Baschat AA, Sanz Cortez M et al. Fetoscopic Endoluminal Tracheal Occlusion for Severe, Left-Sided Congenital Diaphragmatic Hernia: The North American Fetal Therapy Network Fetoscopic Endoluminal Tracheal Occlusion Consortium Experience. *Obstet Gynecol* 2023, Dec 21. doi: 10.1097/AOG.0000000000005491.
2. Deprest J, Nicoladies K, Benachi A, et al. Randomized Trial of Fetal Surgery for Severe Left Diaphragmatic Hernia. *N Engl J Med*. 2021 385(2);107-118

