the Mitrofanoff, the appendix or ileum is used to create a catheterizable channel with attachment of the proximal end to the colon. The distal end of the channel exits through a small abdominal stoma. Every 1 or 2 days, a catheter is passed through the stoma, allowing enema solution to be instilled directly into the colon. After administration of the enema solution, the child sits on the toilet for 30 to 60 minutes as stool is flushed out through the rectum. The frequency of enemas and volume of solution used to completely evacuate the bowel vary among individuals.

Prognosis

The early prognosis for the child with myelomeningocele depends on the neurologic deficit present at birth, including motor ability, bladder innervation, and associated neurologic anomalies. Early surgical repair of the spinal defect, antibiotic therapy to reduce the incidence of meningitis and ventriculitis, prevention of urinary system dysfunction, and early detection and correction of hydrocephalus have significantly increased the survival rate and quality of life in such children. *Children with SB have normal intelligence*. Many children with SB achieve partial independent living and gainful employment. Reports of survival rates vary, and many include adults who were born before medical advances and surgical techniques seen in the past 25 years. Coordinated care for adults with SB is essential; however, multidisciplinary adult care is often inadequate (Lazzaretti and Pearson, 2010). In children and adolescents with SB, the achievement of urinary continence is associated with improved self-concept and esteem, especially among girls (Moore, Kogan, and Parekh, 2004). This chronic condition has an array of associated complications, including hydrocephalus and shunt malfunctions, scoliosis, bowel and bladder management issues, latex allergy, and epilepsy. However, based on current medical knowledge and ethical considerations, aggressive, early management is favored for the child with myelomeningocele.

Prevention

The Centers for Disease Control and Prevention (2009) continues to affirm that 50% to 70% of NTDs can be prevented by daily consumption of 0.4 mg of folic acid among women of childbearing