To schedule an evaluation by a pediatric neurosurgeon:

Monday–Friday, 8 a.m. - 5 p.m.
352.273.6990 (O) | 352.392.8413 (F)

To transfer a neurosurgical patient, call the UF Health Shands Transfer Center:

1.800.X.TRANSFER (1.800.987.2673)

UF Health Pediatric Neurosurgery: Spina Bifida

GAINESVILLE, FLORIDA

Multidisciplinary Team

The dedicated spina bifida team at UF Health Shands Children's Hospital is here to help answer any questions a family may have about the best treatment plan for their child. Pediatric specialists from neurosurgery, urology, orthopaedic surgery, plastic surgery, gastroenterology, physical/occupational therapy, neuropsychology and social work all work together to optimize the care of every child with spina bifida.

UF HEALTH NEUROSURGERY – NEUROMEDICINE HOSPITAL
1505 SW Archer Road, 1st Floor
Gainesville, FL 32608

UF HEALTH PEDIATRIC SPECIALTIES – OAKHURST
1329 SE 25th Loop, Suite 101
Ocala, FL 34471

UF HEALTH NEUROSURGERY – HALIFAX HEALTH
311 N. Clyde Morris Blvd., 5th Floor
Daytona Beach, FL 32114

UF HEALTH PEDIATRIC NEUROSURGERY – LAKE CITY
(Located in the UF Health Family Medicine Building)
755 State Road 47
Lake City, FL 32025

neurosurgery.ufl.edu/pediatrics

UFHealth.org/pediatricneurosurgery

UFHealth NEUROSURGERY

UFHealth Shands Children's Hospital

PS143903-11/25/25

About our program

The pediatric neurosurgery team at UF Health Shands Children's Hospital in Gainesville, Florida, offers children the latest and most advanced options for treating spina bifida. Our spina bifida surgery team is committed to offering state-of-the-art care to improve the quality of life of our patients.

At UF Health, all of our pediatric patients with spina bifida are treated by University of Florida pediatric neurosurgeons:

- **Lance Governale, MD, FAANS, FAAP, Professor and Chief of Pediatric Neurosurgery**
- **Jason Blatt, MD, FAANS, FAAP, Associate Professor of Pediatric Neurosurgery**

Drs. Governale and Blatt, along with their entire team, strive to alleviate worry and suffering and provide outstanding care for children of all ages.

We treat all types of spina bifida, including:

- **Myelomeningocele — the most common and most severe form**
- **Lipomyelomeningocele**
- **Meningocele**
- **Spina bifida occulta**
- **Tethered spinal cord**
- **Filum terminale lipoma**
- **Dermal sinus tract**

Signs and symptoms

The most common sign of spina bifida is an abnormality along the spine that is noted at birth. The abnormality may be an open defect (myelomeningocele), fatty mass, dimple, hemangioma, hairy patch, asymmetric gluteal fold and/or imperforate anus. Children born with myelomeningocele will usually also have a Chiari malformation type 2 and hydrocephalus.

Symptoms of a tethered spinal cord may include bladder or bowel difficulties, weakness, numbness/tingling, walking on the tips of the toes from tight calf muscles, scoliosis (spinal curvature), foot deformities and/or spinal deformities. Pain in the back and/or legs may or may not be related.

Surgical treatment

Most infants with spina bifida will need surgery to correct the defect. During the operation to repair open defects, the spinal cord and its nerve roots are put into their proper place and covered with skin. The goal of closed defect repair is to separate the spinal cord from atypical attachments which may cause abnormal tension over time.

Sometimes, additional surgeries may be required to correct spinal, foot or leg deformities. Surgery for a Chiari malformation type 2 is possible but not likely. More commonly, spina bifida patients with hydrocephalus require surgical treatment. While the traditional treatment for hydrocephalus is placement of a ventricular shunt, some patients are candidates for minimally invasive endoscopic treatment without a shunt. This minimally invasive technique combines endoscopic third ventriculostomy, or ETV, with choroid plexus cauterization, or CPC. The procedure is called ETV-CPC.

More about ETV-CPC

UF Health Shands Children's Hospital is the only hospital in Florida and among only a handful of children's hospitals in the nation that offer ETV-CPC using the method pioneered by Benjamin Warf, MD, at Boston Children's Hospital. During the ETV-CPC procedure, one of our neurosurgeons will create an opening in the third ventricular floor to allow cerebrospinal fluid, or CSF, to pass from the inside to the outside of the brain. After this ETV component, Drs. Governale or Blatt will then endoscopically cauterize much of the choroid plexus, the tissue that produces CSF. The combination of ETV and CPC reduces CSF production and bypasses the flow blockage(s). In eligible patients, ETV-CPC can have a 50-70% success rate in preventing the need for shunt placement. If the ETV-CPC procedure treats the hydrocephalus successfully for six months, it is likely to treat it in the long term. If the hydrocephalus returns, the child may need a shunt placed.

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