



To whom it may concern

Zurich, February 3, 2017 / WIANN

**VELIKZHANINA Alina, born 17.10.1982**  
**Poliny Osipenko Street, 10-1-257, Moscow, Russia 123007**

Below please find the standard treatment regimen for in utero repair of spina bifida. Please be aware that depending on the course, particularly the postoperative evolution, changes may occur. Yet the below description has proven pretty accurate for a vast majority of our cases.

1. First, Mrs. Alina Velikzhanina will come to Zurich for several outpatient consultations. The patient will be seen by a maternal-fetal medicine specialist at the Department of Obstetrics of the University Hospital Zurich for diagnostic workup including history, physical exam, blood sampling, swabs, ultrasound and amniocentesis.
2. Then, a fetal-maternal MRI will be performed at the University Children's Hospital Zurich. Thereafter, the patient will be seen for a three hour comprehensive prenatal counselling detailing all relevant aspects of the planned prenatal repair, postoperative treatment, Caesarean-section near term, and, finally, neonatal management and care after the baby is born.
3. The patient will be hospitalized at the Department of Obstetrics of the University Hospital Zurich. After standard pre-operative preparation, fetal surgery will be performed. Thereafter, the patient must stay at the hospital for at least 2-4 weeks for intravenous tocolysis, fetal-maternal monitoring, and a fetal-maternal MRI to be performed approximately 3 weeks after the operation.
4. After this time point, the patient must stay at the hospital, if an ongoing intravenous tocolysis and bed rest are mandatory. If this is not the case, then the mother can be discharged from the hospital to stay in a rented low cost flat nearby the hospital. Of course, she then must have outpatient consultations including ultrasound follow-up once or twice a week.



5. With ongoing favourable evolution, the patient will be re-hospitalized in week 34 for monitoring, eventual tocolysis, and caesarean-section that will either take place in week 37, or, in case of premature rupture of membranes / premature labour shortly after these conditions have been identified. The likelihood of membrane rupture and/or premature labour after week 34 is quite high (about 50%). Thus, hospitalization of the patient at 34 weeks is doubtlessly mandatory.
6. After C-Section, the mother will be hospitalized for approx. 1 week and then be discharged from the hospital.
7. After the baby is born, it must be hospitalized at the University Children's Hospital Zurich, Division of Neonatology, for an extensive standard base-line diagnostic workup including physical exam, blood tests, ultrasound, postnatal MRI, neurosurgical, urological, orthopedic, neurological, and rehabilitation consults as well as a bladder manometry and a rectal manometry. Furthermore, in those instances where during fetal repair, primary skin closure was not possible and therefore a skin substitute was implanted, the baby must likely undergo an operation to achieve definitive skin closure post birth. Taken together, the baby is usually hospitalized between two and four weeks post birth for the above diagnostic and therapeutic regimen.

Again, the above is a summarizing description of what is the standard procedure in most of our cases.

**Cost estimate regarding treatment of Alina Velikzhanina**

Outpatient counseling before operation:	approx. CHF 1'700.-	(= EUR 1'590)
Inpatient treatment pre-natal:	approx. CHF 38'300.-	(= EURO 35'870)
Re-hospitalization and C-section:	approx. CHF 25'000.-	(= EURO 23'410)

**Cost estimate regarding treatment of the baby after birth**

Inpatient treatment:	approx. CHF 32'000	(= EURO 29'970)
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**Cost estimate, total** **approx. CHF 97'000 (= EURO 90'840)**

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**Inpatient treatment:**

Length of stay mother:	<i>5 weeks before/during/after operation + 3 weeks before c-section in case of favorable course + 1 week after birth</i>
Length of stay baby:	<i>2 to 4 weeks after birth in case of favorable course.</i>
Other blood tests / scans:	<i>all included in flat rate.</i>
Ongoing drugs required:	<i>all included in flat rate.</i>

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Please note, these costs are calculated on the basis of our Swiss DRG-System (Diagnosis-Related-Groups). This DRG-System produces a cost weight for each individual condition and the cost weight is then multiplied by the hospital specific base rate and this finally produces the total cost.

Should you have any problems or questions with the above matters, please do not hesitate to contact me directly at +41 44 266 80 23 or +41 44 266 74 02 or [martin.meuli@kispi.uzh.ch](mailto:martin.meuli@kispi.uzh.ch)

Sincerely yours

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