Background CDH was the most common cause of death in newborn group of surgical patients in our hospital. Statistics significantly changed after introducing the delayed approach of surgical correction.

Objectives Study objectives are to assess the effectiveness of delayed surgical correction in patients with CDH.

Methods We compared two groups of patients with CDH, who underwent the surgery. In the first group, since 1978, great majority of patients were operated in first 24–48 h of life. In second group, since 2007, time of surgical intervention was approximately at t 2 day admission.

Conclusion Delayed surgical correction – 96 h after birth, after initial management and pulmonary support, improves the outcome in patients with CDH, compared with surgical intervention in first 24–48 h of life.

Background and aims The treatment of newborns with congenital diaphragmatic hernia (CDH) is still an actual problem. Changing management tactics has led to an improvement in results last decade. The mini-invasive surgical procedure was developed and introduced in clinic adding new abilities.

The goal is to determine the effectiveness of thoracoscopy in treatment of CDH in newborns.

Methods The retrospective analysis of treatment of 127 infants with CDH during the period from 1993 to 2013 in Paediatric Surgery Centre of Minsk, Belarus was conducted. From 1993 to 2006, the newborns were operated on 1–2 day admission. Traditional methodslaparotomy and thoracotomy applied in 59 of 65 children in this group, 16 patients died. Post operative lethality was 27.1%, the overall mortality rate 30.7%. Postoperative complications have demanded 18 (30.5%) reoperations in 13 patients, including 4 hernias relapse. From January 2007 operation are produced only in children with stable condition on the 6–8 day of life. The main method from December 2009 is thoracoscopic plastic. The 62 children have been treated. Operations were performed in 54 children: 16 children by traditional methods and 38 completed mini-invasive intervention.

Results Four patients (7.4%) died postoperatively and overall mortality amounted to 12.9%. Reoperations took place in 10 patients (18.6%), 5 children have recurrent hernia after thoracoscopic plastic. One child relapse marked twice in 6 months. All children repeatedly operated with thoracoscopy, in four cases patches were applied. No complications were revealed postoperatively.

Conclusion Thoracoscopy for the treatment of CDH is effective method.