**Abstract**

Background/Purpose

A developing body of literature suggests that the presence of a hernia sac in fetuses with CDH may indicate improved prognosis. By examining a large cohort of CDH newborns admitted to a single UK specialist centre, we aimed to establish if presence of hernia sac is a robust predictor of improved survival.

Methods

All CDH patients admitted to a single centre were recruited. Post neonatal presentations and Morgagni hernias were excluded. Demographics, defect type, laterality, survival and hernia recurrence were recorded.

Results

192 CDH newborns were managed from 1997 to 2017. 39 were excluded (10 Morgagni, 29 post neonatal). 22 (14%) neonates had a HS. Survival in patients with a hernia sac was 21/22 (95%) vs 107/124 (86%) in cases without hernia sac (p = 0.2). There was no difference in hernia sac proportion by gender (M:F 15% vs 13.2%, p = 0.8).

Conclusions

In contrast to studies showing a survival advantage, albeit with smaller patient numbers, we report a statistical non-significant benefit of hernia sac. Better survival outcomes at this specialist centre with CDH patients without a hernia sac than reported in other published studies are likely responsible for the lack of statistical significance observed, despite a larger cohort. National and international CDH registries yielding “ big data “ may provide further answers on the utility of a CDH hernia sac as a new prognostic scoring tool.

**Keywords:** Congenital diaphragmatic hernia, CDH, hernia sac, sac, survival