MATATIKI
CHILD & YOUTH HEALTH
WAITAHA CANTERBURY

Oesophageal Atresia and Tracheo–Oesophageal Fistula

Parent/Caregiver/Whānau Information – Neonatal Services

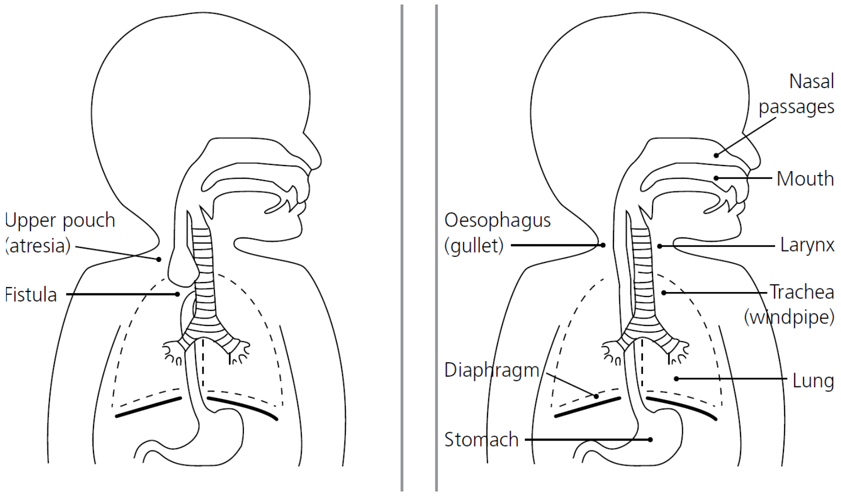
What is oesophageal atresia?

If during the development of the foetus the separation of one tube into two is disturbed, one of the tubes develops as a blind end rather than a complete tube. This is called an atresia.

Oesophageal atresia (OA) is a rare condition where the oesophagus (food pipe) is blind ended and does not connect to the stomach. Food and secretions cannot pass from the mouth to the stomach.

What is trachea-oesophageal fistula?

In majority of these cases, this occurs along with tracheo-oesophageal fistula (TOF). One end of the oesophagus is joined to the trachea (windpipe). This can cause your baby's/pēpi feed to go into their lungs.



TOF/OA *without TOF/OA*

What causes OA and TOF?

The exact cause is unknown. It is a congenital defect which means it is present at birth.

Occurs approximately 1 in 3500 to 1 in 4500 live births. It may be suspected when there is more amniotic fluid in the womb (polyhydramnios) than normal.

Some pēpi (babies) with OA and TOF can have other problems with their kidneys, bottom and spine, rarely heart and limbs.

Doctors will examine your pēpi (baby) closely to check if this is the case.

How are OA and TOF diagnosed?

Both OA and TOF tend to be diagnosed soon after birth. Your pēpi may have lots of secretions in their mouth as they cannot swallow it. Your pēpi may choke or become blue (cyanosed) with feeding.

A midwife or nurse may try to pass a tube through your pēpi's nose into their stomach (nasogastric tube or NG tube) and find it is not possible. An X-ray will confirm the diagnosis.

What happens to my pēpi (baby) after this condition is diagnosed?

As soon as the diagnosis is made, a tube will be passed through his or her mouth into the oesophagus to drain off secretions. He/she will have an intravenous infusion (drip) of fluids and medicines. Mouth/Tube feeds are stopped.

An operation is always needed to put the condition right, so that your pēpi can feed and grow. The operation is carried out under a general anaesthetic (so, your pēpi will be asleep) and will last several hours.

The surgeon and anaesthetist will explain about the operation and anaesthetic and discuss any worries you have. They will ask you to sign consent forms giving permission for the operation and general anaesthetic.

What happens afterwards?

The surgeon will update you. You will be able to see your pēpi as soon as he/she is back in the intensive care unit. For a while your pēpi will need help with breathing so will return to the intensive care unit ventilated. Fluids for nutrition (total parental nutrition and healthy fats) will continue through the intravenous infusion. Pain relief drugs will also be given through this intravenous infusion. A small catheter (tube) may be inserted into your pēpi's bladder to drain urine for a while.

Feeding through a nasogastric tube usually starts a while (this length of time is variable) after the after the operation. Breastmilk is recommended as it is easily digested, supports the growth of healthy bacteria in the intestine and helps pēpi's immunity. If there is not enough breastmilk your doctor will recommend giving pasteurised human breastmilk. (Christchurch Women's Hospital has a breastmilk bank.)

You will receive lots of information and support during the time your pēpi is in hospital.

Once your pēpi is fully orally feeding and gaining weight he/she will be discharged home. You will receive support from one of the outreach nurses, whom you will have met during your stay in the hospital.

Appointments will be made for your pēpi to be seen in an outpatient's clinic, when we will check how they are progressing.

Do not hesitate to contact the hospital or your GP if at any time your pēpi starts coughing or choking with feeding, has difficulty in swallowing salvia or feeds.

Are there any long-term problems with this condition?

If your pēpi had no other associated complications, he/she should continue to develop well.

If your pēpi had associated complications their long-term development will depend upon the severity of these conditions.

Breathing problems

Some tamariki (children) have a barking cough (TOF cough) which might sound worrying but is not serious. Your pēpi may develop chest infections, the risk of this will lessen as your pēpi grow older.

Tracheomalacia (collapse of the airway when breathing out) may occur and your tamaiti (child) may feel it hard to breathe. If you have any concerns about your tamaiti breathing, please talk to your doctor.

Swallowing problems

Some tamariki can have difficulties swallowing certain foods. Having a sip of water between mouthfuls when they are eating may help.

Some tamariki develop gastro-oesophageal reflux. This is where the contents of the stomach flow back up the oesophagus causing pain and irritation. Please speak to their hospital doctor for advice.