

Oesophageal Atresia (OA) with Tracheo-Oesophageal Fistula (TOF)

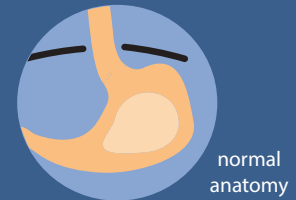
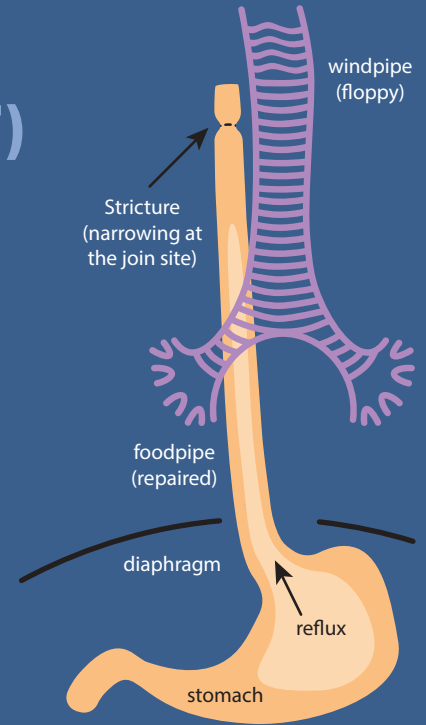
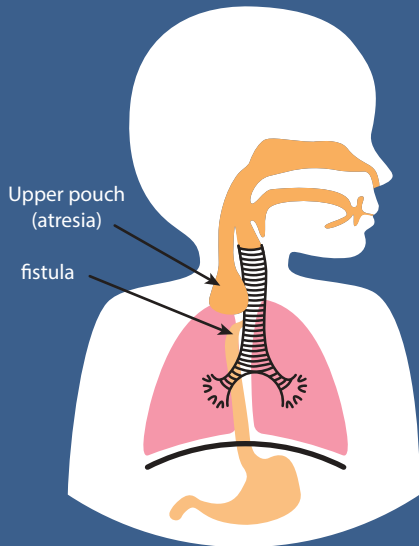
Key points for Early Years staff

Children with OA are born with an incomplete food pipe (oesophagus) where food cannot pass down to the stomach. A fistula is a connection between the food pipe and the windpipe. Major surgery is needed for survival but the food pipe will always have a narrow section where it was joined and will never work as well as it should. It can take years for a child to learn to cope with eating.

The child may also have a loud, barking cough (the TOF Cough) due to their 'floppy' windpipe. It is NOT infectious but chest infections are common as secretions are harder to cough up and can be caused by food that has 'gone down the wrong way'.

It is important for staff, teachers and lunchtime supervisors to meet with parents to discuss the individual child and to draw up a care plan.

Oesophageal atresia with lower pouch fistula



Common problems with eating

- Weaning can take much longer than usual
- Lumps in food can cause problems
- Food can get 'stuck' in the food pipe (a sticky)
- Food can back up the food pipe and cause choking
- The child can easily be sick because of reflux

Things that help

- Ask parents for advice on suitable 'safe' foods
- Ensure food is cut up very small, especially meats
- Allow more time to eat
- Encourage careful chewing
- Let food go down between mouthfuls
- Encourage sips of drink between mouthfuls
- Seat with quiet children where staff can be present
- Avoid distractions whilst eating
- Avoid bread, sausages, hard fruits and raw veg eg apples, carrot sticks, oranges
- Ensure someone with first aid training is always on hand at meal/snack times

If food does get stuck (a sticky)

- The child may need to cough or require backslaps to bring food up and may appear to vomit
- Fizzy drinks sometimes help a sticky go down
- If symptoms persist or the child isn't breathing normally, they might need to go to hospital
- Notify parents when a sticky has occurred, as these can be signs of further narrowing in the food pipe
- Keep an emergency kit on hand for the child: fizzy drink, sick bowl, copy of the care plan and parent contact details

In the event of an ambulance being necessary, please provide ambulance crew with the care plan. It is unlikely that they will be familiar with this rare defect and its aftercare.

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