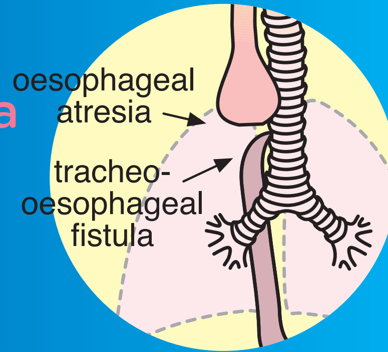
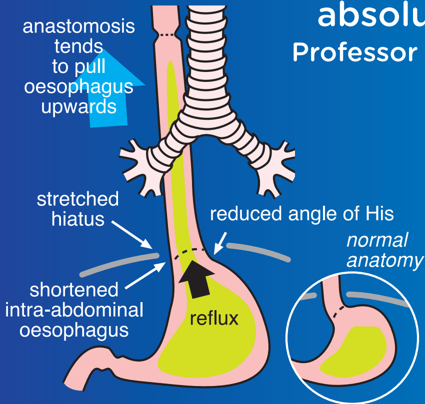
# Oesophageal Atresia with Tracheo-Oesophageal Fistula




## Key points for GPs

"Life-long follow up is absolutely essential."
Professor Paul Losty, Alder Hey




Studies show that oesophageal function remains abnormal throughout life. Affected individuals develop coping strategies and may report minimal symptoms, but underlying problems (*please see reverse*) may be present which are important to follow up.

## In the oesophagus:

- difficulties with weaning
- gastro-oesophageal reflux
- dysmotility/dysphagia
- choking
- bolus obstruction
- stricture
- dumping syndrome
- eosinophilic oesophagitis

## In the airways:

- tracheomalacia
  ('floppy trachea' or 'TOF cough')
- aspiration
- thicker secretions are harder to cough up
- chest infections
- bronchiectasis/lung damage
- recurrent fistula

Reflux is very common in the OA/TOF population, affecting oesophageal and airway health if poorly managed. Adult TOF patients especially are at increased risk of developing Barrett's oesophagus. ESPGHAN* guidelines recommend referral to a gastroenterologist for investigative endoscopy.

*ESPGHAN is the European Society for Paediatric Gastroenterology Hepatology and Nutrition

OA/TOF can occur as part of VACTERL association (vertebral, anal, cardiac, tracheal, esophageal, renal and limb malformations).

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