

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

A GUIDE FOR GPs

before surgery

OA
TOF

after surgery

oesophageal anastomosis

tracheomalacia

abnormal motility

reflux

"LIFE-LONG FOLLOW UP IS ESSENTIAL"
TOFS Medical Advisory Group

OA/TOF can occur as part of VACTERL association (Vertebral, Anal, Cardiac, Tracheal, Esophageal, Renal and Limb malformations).

Oesophageal function remains abnormal after oesophageal atresia repair.

Children born with OA/TOF (often referred to simply as 'TOF') develop coping strategies for swallowing that can make recognition of symptoms difficult.

This guide is to help GPs recognise and treat common symptoms after OA repair.

For more information, see reverse.



lifelong support
for those born
unable to swallow

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SWALLOWING PROBLEMS

Some **DYSPHAGIA** is common after OA repair and may persist into adult life—HOWEVER:

STRICTURES are very common (50%+) after OA repair. The usual symptoms are difficult, painful swallowing and choking. Babies take progressively longer to feed, and may cough/choke during feeding. Strictures may be recurrent. A stricture needs early but not urgent treatment (dilatation). Refer back to paediatric surgeon.

BOLUS OBSTRUCTION occurs when a lump of food gets stuck above a stricture. Although unable to swallow solids, the individual may still be able to swallow liquids. This needs urgent treatment (within 24h): refer back to the paediatric surgeon urgently.

GASTRO-OESOPHAGEAL REFLUX is universal after OA repair, may be silent (asymptomatic), and continues life long. Adults are at risk of **BARRETT'S OESOPHAGUS**. Long-term acid suppression therapy is recommended. Treat an adult with worsening dysphagia for oesophagitis, but refer to gastroenterology for endoscopy.

RESPIRATORY PROBLEMS

are common after OA repair, and may persist into adult life.

APNOEA/BLUE SPELLS in infants may be due to **TRACHEOMALACIA** (which causes the noisy 'TOF COUGH') or reflux. Refer to paediatric respiratory medicine urgently.

LOWER RESPIRATORY TRACT INFECTIONS are very common. Tracheomalacia impairs clearance of the lower airways, so **EARLY ANTIBIOTICS FOR UPPER RESPIRATORY TRACT SYMPTOMS** is recommended to reduce the risk of pneumonia. If frequent LRTI persist despite early antibiotics, refer to paediatric respiratory medicine.

Regular seasonal '**FLU VACCINATION** is important.

CHRONIC COUGH CAUSED BY GASTRO-OESOPHAGEAL REFLUX (and tracheomalacia) is very common after OA repair. Long-term acid suppression therapy is recommended.



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