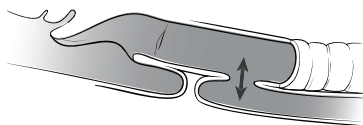
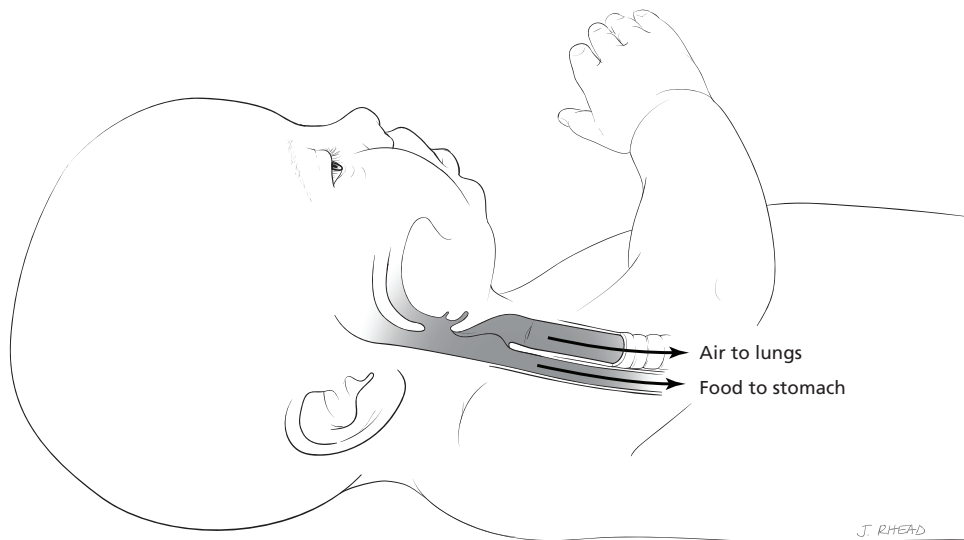
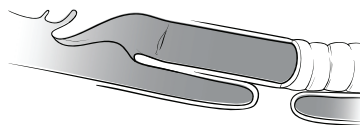


Let's Talk ABOUT...

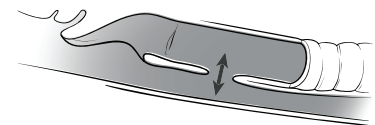
Tracheoesophageal fistula and esophageal atresia



Tracheoesophageal Fistula (TEF)
with Esophageal Atresia (EA)



Esophageal Atresia (EA)



Tracheoesophageal Fistula (TEF)
H-Type

What are esophageal atresia (EA) and tracheoesophageal fistula (TEF)?

EA and **TEF** are conditions that happen before birth, while a baby develops. The **esophagus** (ee-SOF-ah-gus) is the tube that carries food from the mouth to the stomach. The **trachea** (TRAY-kee-ah), or windpipe, is the tube that carries air from the nose and mouth to the lungs. Usually, the esophagus and trachea are next to each other, running side by side from the throat down to the stomach or lungs.

EA is when the esophagus tube does not connect to the stomach from the mouth. There is a little part of the esophagus after the mouth called a “pouch”, but after that, part of the esophagus is missing. Because part of the esophagus is missing, the baby’s food and

even spit cannot get to the stomach. When a baby has an EA, they have a lot of drooling and may choke, cough and sneeze. If the baby is fed she will swallow normally, but may choke, turn blue, and may stop breathing. The upper pouch will become full of spit and food. This will spill into the trachea and go into the lungs. Babies born with an EA usually also have a TEF.

TEF is when there is an opening between the esophagus and the trachea that shouldn’t be there. Babies with a TEF also have trouble breathing because stomach juices pass through the opening into the baby’s lungs. This can cause pneumonia.

It is possible for a baby to have just an EA or just a TEF, but most of the time they are found together.

How are TEF and EA treated?

Before surgery: Babies with EA and TEF are transferred to a newborn intensive care unit (NICU), so they can receive special nursing care. The nurse places the baby on her stomach to help drain the spit from the part of the esophagus near the mouth (the upper pouch). Your baby will have a tube in her mouth that goes into the upper pouch. The tube sucks out any spit in the upper pouch. This prevents spit from going into the lungs. Your child will have a chest x-ray to make sure this is the diagnosis. Because your baby cannot eat just yet, she will receive liquids through an intravenous line (IV- a small tube placed in the baby's vein). Your baby will have surgery right away to close the TEF and connect the two ends of the esophagus. This will allow food to travel from the mouth to the stomach. Sometimes it is not possible to connect the ends of the esophagus right away your baby will have to grow a little more. If the EA cannot be fixed immediately, the surgeon will put a tube from the outside of the belly to the stomach, so the baby can be fed. This is called a gastrostomy (gas-TROSS-tow-me). This is a temporary tube until the surgeon fixes the EA. Your baby will have a tube in her mouth that sucks out all the spit from the upper pouch. This is also temporary until the EA is fixed.

During Surgery: For babies with only TEF, the opening between the trachea and esophagus is closed. For babies with EA, the esophagus is reconnected to the stomach.

After surgery: Your baby will come back from surgery with several tubes. These are all temporary and will be removed as she gets better. She may have a tube in her chest (called a "chest tube") to drain any fluid that might be around the surgery site. She will also have a tube in her mouth that helps her

breathe. This tube is attached to a breathing machine call a ventilator. This tube will be taken out as soon as she can adequately breathe on her own. Your baby will also have a small tube in her nose that goes down to her stomach to help release any air that may be in her stomach.

Right after surgery your baby cannot be held and she cannot have a pacifier. This is to protect the surgery site. About five days after surgery your baby will have x-rays, called a swallow study, in the x-ray department to see if the surgery site is healing. If the surgery site is healing, the doctor will take the chest tube out. At this point, you can hold your baby, give her a pacifier and she can even start eating.

Are there any complications after surgery?

Gastroesophageal reflex (GER) is a common complication. This is when stomach contents push up a little into the esophagus. It's like bad heartburn. Your baby's doctor may order medicine to treat this.

The esophagus may leak spit at the surgery site. If this happens, your baby may need a little more time to heal. The surgeon may stop your baby's feedings and may limit some of her activity. This is not common.

There may be a tight area in the esophagus that makes it hard for your baby to swallow. If this happens, the surgeons will open the area a little using a special instrument to stretch the esophagus a little. This is not common.

When can my baby go home?

Your baby can go home when she takes all her feedings by mouth, gains weight regularly, and her temperature stays normal while she's dressed in a crib.