

drainage of saliva through a stoma in the neck) was performed in cases of a long gap atresia but this is no longer recommended because it makes subsequent surgical repair more difficult ([Kunisaki and Foker, 2012](#)).

A primary anastomosis may be impossible because of insufficient length of the two segments of esophagus. This occurs if the distance between the two segments is 3 to 4 cm (1.2 to 1.6 inches) ([Khan and Orenstein, 2016b](#)). In these cases, an esophageal replacement procedure using a part of the colon or gastric tube interposition may be necessary to bridge the missing esophageal segment. Further surgical techniques may be performed later to facilitate esophageal lengthening.

Tracheomalacia may occur as a result of weakness in the tracheal wall that exists when a dilated proximal pouch compresses the trachea early in fetal life. It may also occur as a result of inadequate intratracheal pressure causing abnormal tracheal development. Clinical signs of tracheomalacia include a barking cough, stridor, wheezing, recurrent respiratory tract infections, cyanosis, and sometimes apnea.

Prognosis

The survival rate is nearly 100% in otherwise healthy children. Most deaths are the result of extreme prematurity or other lethal associated anomalies. Potential complications after the surgical repair of EA and TEF depend on the type of defect and surgical correction. Complications of repair include an anastomotic leak, strictures caused by tension or ischemia, esophageal motility disorders causing dysphagia, respiratory compromise, and gastroesophageal reflux. Anastomotic esophageal strictures may cause dysphagia, choking, and respiratory distress. The strictures are often treated with routine esophageal dilation. Feeding difficulties are often present for months or years after surgery, and the infant must be monitored closely to ensure adequate weight gain, growth, and development. In some cases, laparoscopic fundoplication may be required. At times, the infant must be fed via gastrostomy or jejunostomy to provide adequate caloric intake.

Nursing Care Management

Nursing responsibility for detection of this serious malformation