

# Esophageal Atresia

## Call 911 or an ambulance if your child:

- Struggles to take each breath
- Grunts with each breath
- Is unable to speak or cry
- Has blue or white lips or nails

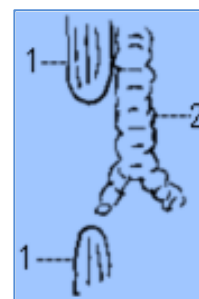
## Call the doctor NOW if your child has any of the following symptoms:

- A temperature of 100.3°F (38°C) or higher
- Stomach pain or swelling
- Vomiting excessively, especially if the vomiting is forceful
- The vomit becomes green in color
- Is not wanting to eat and is losing weight or not gaining weight
- Is limp or very weak
- Cries uncontrollably for more than an hour
- Is an infant and has no wet diapers in 8 hours
- Has no urine in 12 hours at any age
- Is crying without tears
- Seems more sleepy than usual
- Has a dry mouth or cracked lips

**An esophagus (food tube) is one long tube that connects the mouth to the stomach.**

In babies with esophageal atresia, the esophagus ends in a pouch instead of connecting to the stomach. This means that the food the baby swallows does not get to the stomach. The trachea (breathing tube) is still connected in the normal way from the mouth and nose to the lungs.

Some babies who have esophageal atresia may also have a Tracheoesophageal Fistula (TE Fistula). A TE Fistula is an abnormal connection in one or more places between the esophagus and the trachea.



### Key

- 1 = esophagus
- 2 = trachea

**Esophageal atresia happens when the esophagus does not develop correctly before birth.**

This happens very early in a woman's pregnancy. It is not caused by anything a woman did during pregnancy. We do not believe that esophageal atresia is passed from other family members (inherited).

# Esophageal Atresia

## Babies with esophageal atresia show symptoms very soon after birth.

They include:

- coughing or choking with feeding
- frothy white bubbles in the mouth
- a lot of drooling
- hard time breathing
- blue color of the skin, especially when the baby is feeding
- round, full stomach

## Doctors will carefully examine your baby.

X-rays are taken of the chest and stomach to help diagnose esophageal atresia.

## The best treatment for esophageal atresia is usually surgery.

Surgery for esophageal atresia depends on how close the two ends of the esophagus are to each other. More than one surgery may be needed to fix this problem.

Sometimes a gastrostomy tube or button is also placed in the stomach. This is a tube that goes through the skin on the abdomen into the stomach. This allows babies to be fed without the risk of food entering the lungs. Once your baby is able to eat normally, the gastrostomy tube or button may be taken out.

## Although esophageal atresia may be life-threatening and cause long-term nutritional concerns, the majority of children fully recover if it's found early.

Some children have the following:

- GERD (gastroesophageal reflux disease or reflux). This causes acid from the stomach to move up into the esophagus like heartburn. This is usually treated with oral medicines.
- Trouble with normal movement of food and liquid through the esophagus.
- Scar tissue can grow where the repair was done. This can make swallowing hard or painful. A procedure called dilation may be needed to fix this narrowing of the esophagus. Esophageal dilation is a procedure used to stretch or open parts of the esophagus that are too narrow.

## For General Health Information and Resources:

Call or visit the [Family Resource Center](#), a health information library on the 3rd floor of the hospital. Call 314.454.2350, email at [frc@bjc.org](mailto:frc@bjc.org), or check out the FREE [St. Louis Children's Hospital Kid Care App](#).

