

Tracheoesophageal Fistula (TE Fistula)

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

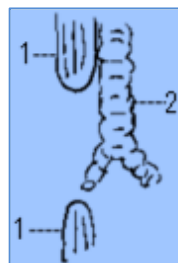
Call the doctor NOW if your child has any of the following symptoms:

- Has a temperature of 100.3°F (38°C) or higher.
- Has stomach pain or swelling.
- Is vomiting excessively, especially if the vomiting is forceful.
- If the vomit becomes green in color.
- Is not wanting to eat and is losing weight/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.

A TE fistula is an abnormal connection in one or more places between the esophagus (food tube) and the trachea (breathing tube).

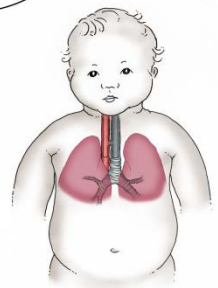
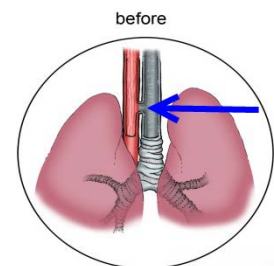
Normally these two tubes are separate. When a baby has an abnormal connection and swallows food or liquids, it gets into the lungs. This may lead to breathing problems such as pneumonia.

Some babies who have a TE Fistula may also have **esophageal atresia**. (See image below) This is when the esophagus ends in a pouch and does not connect to the stomach. Some babies with a TE Fistula may have other additional birth defects as well.



Key

- 1 = esophagus
- 2 = trachea



Tracheoesophageal Fistula (TE Fistula)

TE fistula happens when the trachea and esophagus do not separate properly before birth. This happens very early in a woman's pregnancy. It is not caused by anything a woman did during pregnancy. We don't believe this is passed from other family members (inherited).

Babies with TE fistula 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

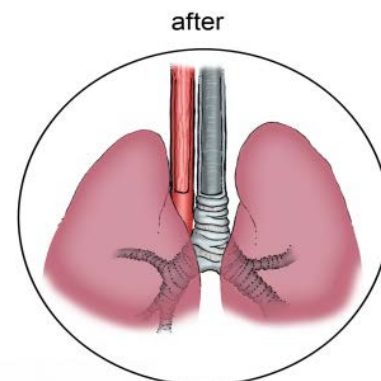
Doctors will carefully examine your baby.

X-rays are taken of the chest and stomach to diagnose a TE fistula.

If your baby has TE fistula he or she will need surgery to fix it.

Your baby's surgeon will decide when it is best to do the surgery based on your baby's condition. It may take more than one surgery to completely fix the connections. When the TE fistula is fixed, the connection between the esophagus and the trachea is closed.

Sometimes a gastrostomy tube or button is 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.



The majority of children TE fistula fully recover.

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.
- Problems 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 the esophagus. Esophageal dilation is a procedure used to stretch or open parts of the esophagus that are too narrow.