

TOF children are all different. Some may have few or no problems following their repair whilst others may have a lot of problems in their early years.



O.A.R.A.

O.A.R.A. (Oesophageal Atresia Research Auxiliary) was founded by parents of TOF children who came together to try to understand and overcome some of the problems associated with this condition.

Our primary aim is to raise funds to ensure future research into oesophageal atresia and associated conditions. Since our formation we have funded a number of major research projects. We are in a unique position to offer comfort, advice and assistance to those families who find themselves suddenly caught up in the drama of oesophageal atresia and related conditions.

A teachers guide to a child with TOF/OA

OARA



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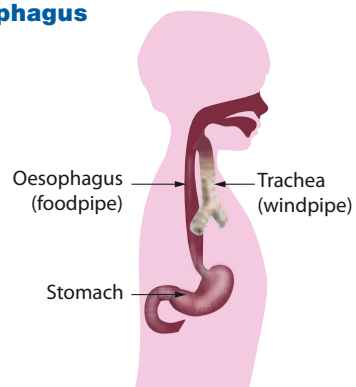
Oesophageal Atresia Research Auxiliary
The Royal Children's Hospital, Melbourne

Oesophageal atresia and tracheo-oesophageal fistula

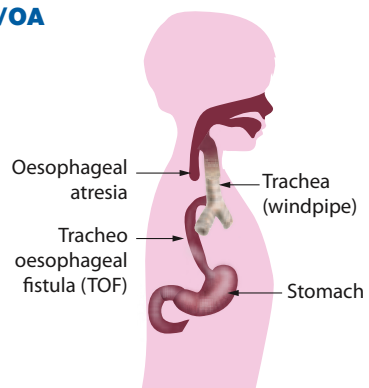
One in every 3,000 babies is born with one or both of these life threatening abnormalities. In oesophageal atresia (OA) the baby has a gap in its foodpipe, so that the food and saliva can't pass into the stomach. In tracheo-oesophageal fistula (TOF) a section of the baby's foodpipe is joined to its windpipe. Most of these babies are born with both oesophageal atresia and TOF. Babies and children with TOF/OA are often referred to as "TOF" children.

Some babies are born with additional problems involving the spine, heart, kidneys, anus and radial bone. If the baby has three or more of these, it has what is known as "VACTERL" association. Major surgery is required early in life to repair the oesophagus and close the TOF.

Normal oesophagus & trachea



Typical TOF/OA



What sort of problems may occur?

1. TOF children have a very **characteristic cough** even when quite healthy. Although this may sound quite serious, it doesn't necessarily mean that the child is ill, although they are prone to chest infections.
2. TOF children often have **abnormal swallowing** mechanisms and have to learn to cope with their particular feeding problems. Some may require a special diet.
3. TOF children often have **gastro-oesophageal reflux** where the contents of the stomach can wash back up the foodpipe. They are very easily sick.



At lunchtime

1. TOF children **eat more slowly** as they need to chew their food more thoroughly. Please do not try to hurry them.
2. TOF children **need to drink more** than other children when they are eating in order to help the food pass smoothly into their stomach.
3. TOF children usually **have very small appetites**. Especially where reflux has been diagnosed, it would be unwise to make them eat more than they feel they can.
4. Occasionally, food may get "stuck" and the child **may appear to choke and/or be sick**. This can vary in severity and frequency from child to child.

In most cases the child will be able to sort him or herself out, possibly with the help of a drink or by going to the nearest toilet or sink to regurgitate that piece of food.

Should the child get into difficulty it may help to tip him or her upside down over your knee and using the cupped palm of your hand tap them sharply between the shoulder blades.

Should this fail to dislodge the piece of food, don't panic. As long as the child can breathe without difficulty they are not in immediate danger. Seek help from their parents or from the medical profession.

It is very important that teachers or carers are made aware of these possible problems.

Talk to the parents of the TOF child concerned, as each is different and their needs and ways of coping are varied. Please try not to be too worried about what may happen to the TOF child, as very soon they will be just one of the class.