OR code for

mobile view

Inclusion Criteria

 Newborns diagnosed with esophageal atresia

Goals for Tracheoesophageal Fistula (TEF) ERAS:

- · Communication between Anesthesiology, Surgery, ICN, RT, and ENT
- Pre-operative optimization
- Clear plan for vascular access and ventilation strategies
- Minimization of time under anesthesia

Preoperative Workup

Pre-Anesthetic Evaluation

Complete evaluation of cardiopulmonary system including:

- Echocardiography
 - Rule out cardiac defects and right-sided aortic arch
- - · CBC, BMP, T&S (crossmatch), Bilirubin Panel
- Radiograph/Imaging
 - Radiography of chest and abdomen assess vertebral anomalies linked with TEF and VACTERL association
 - · US to rule out intracranial hemorrhage, renal anomalies, and/or vertebral anomalies

Genetics Consult

- Complete consult for evaluation of other probable causes of malformations
- Plan consult 2-4 weeks before surgery date

Formulate Plan with Collaborating Clinical Teams

ICN

- · Timing of procedure
- · Vascular access:
 - Umbilical lines (preferred central access due to inability to start early enteral nutrition and need for TPN)
 - Peripheral vascular access for the OR team

Surgery

- Time of day for procedure
- Surgical approach
- Thoracoscopic or open
- Bronchoscopy
 - Determine who completes the bronchoscopy for initial fistula evaluation
- Mitigation strategies
 - Accidental gastric insufflation
 - Unplanned PPV
 - Options for intraoperative occlusion/isolation of

Anesthesia Staff

• Schedule OR #12 if labeled oxygen splitter is needed

 Optimize staffing for TEF surgery determine need for backup staff

Operating Room Specifications

Abbreviations:

ETT = Endotracheal Tube

CVL = Central venous line

PICC = Peripheral inserted central catheter

TPN = Total parenteral nutrition HFOV = High Frequency

Oscillatory Ventilation

anomalies), A (anorectal

(tracheoesophageal fistula), E (esophageal atresia), **R** (renal anomalies), L (limb malformations)

VACTERL = **V** (vertebral

malformations), C (congenital

heart defects), T

Equipment

- Ensure PICC or CVL for TPN
- Suction catheters for ETT suction

• Schedule OR #3 if HFOV is needed

- Fiber-optic scope
- HFOV (consider if patient has history of respiratory failure)
- Rigid Bronchoscopy (unparalyzed)
 - Evaluate double fistula, degree trachomalacia, significant cleft, vocal
 - Flexible bronchoscopy available

ENT

· Consider pre-op bedside vocal cord evaluation by ENT

Intraoperative algorithm

Contact: EvidenceBasedPractice @cmh.edu

Link to: synopsis and references

Last Updated: 8.028.2025