Introduction

- With improvement of neonatal surgery, anesthesia and neonatal intensive care, survival rates of infants born with esophageal atresia (EA) now exceed 95%. However morbidity remains high.
- There are several areas of management where practice is controversial, and management of long gap EA remains a surgical challenge with diverse strategies.
- Aim of our study was to investigate practice variation in the neonatal management of EA in France.

Material and methods

- A network of all the centers in France that treat infants born with EA was created in 2006 within the framework of the French National plan for rare diseases. This network is coordinated by the National Center for EA located in Lille University Hospital. Thirty-eight centers are part of this network.
- A web-based survey tool was sent via email to the designated institutional surgeon who is responsible for overseeing EA programs at each center.
- Questions posed related to the prenatal and neonatal management of EA, including the center’s view on prenatal diagnosis, pre-operative work-up, surgical procedures and post-operative follow-up. Specific questions were asked about definition and management of “long-gap” esophageal atresia.

Results

Surgical management

- Would you recommend a selective or systematic insertion of a central line ?

Long-gap EA

- Which criteria would you recommend to define a long-gap atresia (multiple choices allowed) ?

Surgical management – EA with distal TEF

- Would you recommend an initial per-operative tracheobronchoscopy or esophagoscopy ?

Long-gap EA

- What primary surgical option would you recommend for a long-gap atresia ?

Neonatal management

- At birth, would you recommend a selective or systematic nasogastric tube test ?

Long-gap EA

- What is your preferred type of esophageal replacement ?

Preoperative management

- Would you recommend a selective or systematic esophageal contrast study ?

Long-gap EA

- What secondary surgical option would you recommend if the first option failed or was unachievable ?

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