PEDIATRIC SURGERY

Preference Card

Esophageal atresia with tracheoesophageal fistula

1. Do rigid bronchoscopy prior to intubation to assess for proximal fistula or laryngeal cleft.
2. Pull right arm straight over the head in left lateral decubitus position. Right axillary roll.
3. Place 1000 drapes around field, position Bear-hugger, then prep.
4. Make incision transverse about 1 cm inferior to tip of scapula.
5. Dissect skin/SQ flaps over the latissmus and serraus then dissect under latissmus and serratus so that they may be mobilized and spared.
6. Slowly dissect through the intercostals layer by layer to the pleura.
7. Dissect parietal pleura off of chest wall with a peanut gently then work to stuff 4x4 into retropleural space, thereby bluntly dissecting the plane. When well cleared then place the Finicetto retractor.
8. Use small malleable retractor to push back the lung and divide the azygous vein to expose esophagus.
9. Identify distal segment and fistula--get a vessel loop around the distal segment.
10. Cut through upper half of fistula at the trachea with tonotomy scissors.
11. Place a 5-0 PDS at upper aspect of open fistula and tag.
12. Place 3-4 more PDS to close hole then put in water and blow up airway to 30 cm H20 to check for air leak.
13. Dissect distal segment out as little as possible. Place 6-0 PDS in corners of distal segment out-to-in and tag with rubber-shodded snaps.
14. Put Hurst dilator in mouth to really push down on the proximal pouch and to diffuse pressure.
15. Dissect the pouch out and put a 4-0 silk stitch in end of pouch to use as a handle.
16. Carefully dissect plane between pouch and trachea--it's vascular and injury is possible.
17. Open proximal pouch just above the handle stitch transversely. Place 3 6-0 PDS on bottom edge of esophagus in-to-out after Malloney pulled back some--tag these.
18. Bring the top 3 upper PDS through the lower segment and make sure you get the mucosa on every stitch Tag these again. Then put the lateral ones through the corners of the upper pouch and tie all of them with the knots inside.
19. Pass a weighted Corpac feeding tube through the nose and across the anastomosis. Advance it far enough so that it can pass into the duodenum.
20. Place the anterior sututes and tie after all are placed.
21. Place a 10 F chest tube.
22. Place 2 2-0 vicryl paracostal sutures.
23. Close sub-Q with 4-0 vicryls.
24. Close skin with 5-0 monocryl.
25. Tegaderm over chest tube and incision.