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An Effective Method to Release Anastomotic Tension after Repair of Esophageal Atresia Using a Foley Catheter

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Abstract
Esophageal atresia (EA) is the most common malformation of the esophagus. Primary anastomosis is achievable in more than 90% of the cases and the milestone of the surgical intervention is achieving a watertight, low-tension anastomosis of the esophageal pouches. The purpose of this paper is to present a new method for releasing tension in the anastomosis and also to provide a safe way for enteral feeding in children with primarily repaired EA. From 2000 to 2012 twenty-one patients underwent primary esophageal anastomosis for EA in our department. During the surgical intervention, a 12-french Foley catheter is inserted through one of the nostrils, through the esophagus down to the site of the anastomosis and passed by into the stomach. After surgery, continuous gentile traction is maintained on the catheter for several days. We had no post-operative disruption of the anastomosis and anastomotic leaks occurred in 1 of the 21 cases. Overall survival rate was 67%. Using the Foley catheter to protect the anastomosis and to release the tension of the sutures provides a cheap and effective means to improve the outcomes of the treatment of EA
Key words: esophageal atresia, transanastomotic catheter, primary esophageal anastomosis

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