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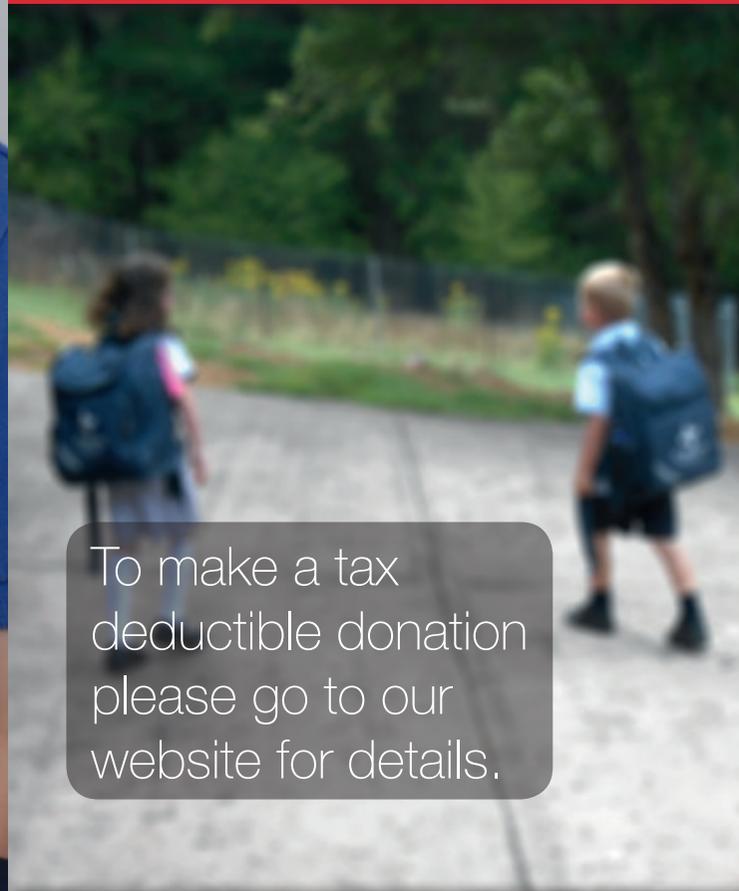
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A teacher's guide to a child with TOF/OA



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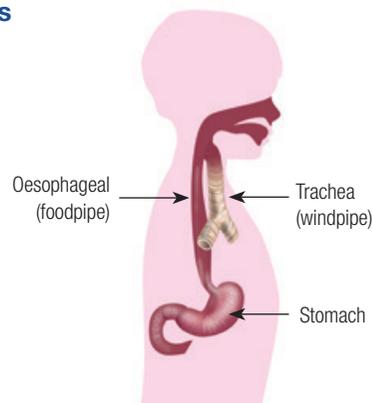
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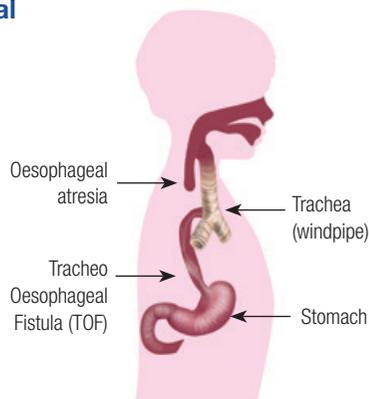
Oesophageal atresia and tracheo-oesophageal fistula

One in every 3,500 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.

Normal oesophagus & trachea



Typical oesophageal atresia & TOF



What sort of problems may occur?

1. TOF children have a very characteristic cough even when well. Although this may sound quite serious, it doesn't necessarily mean that the child is ill, although they may be 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 oesophagus. 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 clear this by themselves possibly with the help of a drink or by regurgitating the piece of food. 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.

Should they get into difficulty with their breathing call an ambulance and administer first aid.

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.

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.

OARA

OARA (Oesophageal Atresia Research Association) was founded by parents of OA/TOF children who came together to try to understand and overcome some of the problems associated with this condition.

Our primary aims include providing parental support, and raising 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.

