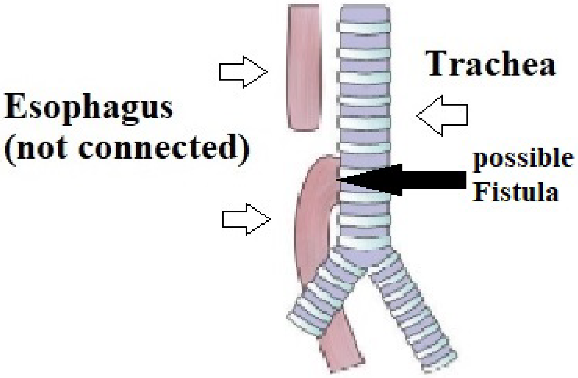
Esophageal Atresia Collaborative School/Caregiver Eating Guide

Below is information to help your student/child with a repaired EA/TEF with their eating and drinking.

EA/TEF is a birth defect where the esophagus ("food pipe") is not properly connected to the stomach. In some instances there is also an abnormal connection between the esophagus and the trachea ("wind pipe") called a fistula. Shortly after birth, children undergo surgery to fix the esophagus and allow food/drink to move into the stomach. However after surgery, the esophagus still does not work exactly like one that is "normal." The muscle movement or motility is different which makes the food/liquid difficult to push down. The movement is not something that can be fixed, but instead needs to be managed through strategies to make eating and drinking easier and safe.



Symptoms that children with repaired EA may experience include:

- Feeding problems, including food getting stuck
- Breathing problems, including a barky cough when not sick

EA Tips for Success with eating and drinking:

- Have someone familiar with the student nearby for supervision and to provide help if needed. Monitor during meals/snacks for spitting up, gagging, and/or coughing
- Allow the child to have extra liquids with snacks and meals
- Have a few sips of liquids every couple of bites (alternate solids and liquids)
- Allow extra time for meals and snacks. The motility in the esophagus is going to be different so the food might move slower. Eating fast also increases the risk for food getting stuck or choking
- Take small bites and chew food thoroughly
- Sometimes smaller, more frequent meals are needed for children to get the nutrition they need

Please refer to attached feeding plan (as applicable) for specific diet recommendations.

Sometimes you might be concerned that the child is choking, however it is often that the food is stuck in the esophagus not the airway. One indicator that the food is in the esophagus and not the trachea (airway or windpipe) is that the child CAN breathe and talk or cry.

Food that is stuck in the esophagus is typically either spit up (or vomited up) or swallowed. If this happens, please communicate with the parents/caregivers so they can follow-up with their surgeon and medical providers. If there are signs of choking including turning blue, breathing difficulty, inability to produce voice (make noise or speak), please be sure to follow appropriate emergency procedures such as calling 911.

Connecticut Children's Esophageal Atresia Collaborative
Sara Burnham, MA CCC-SLP & J. Leslie Knod, MD FACS FAAP

282 Washington Street, Hartford, CT 06106 | 860.545.9000
connecticutchildrens.org

Updated 1.22.2025