

TOTAL OESOPHAGOGASTRIC DISSOCIATION: EXPERIENCE OVER TWO DECADES. OUTCOMES OVER THE LAST TEN YEARS

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Aim: Fundoplication fails in approximately 20% of children with severe neurodisability. We aimed to evaluate total oesophagogastric dissociation (TOGD) as a primary procedure and as a 'rescue' procedure for severely neurologically impaired children with significant swallowing discoordination and gastro-oesophageal reflux disease.

Methods: Casenotes of 38 children with severe neurodisability (25 females, 13 males) who underwent TOGD between 2006 and 2015 were retrospectively reviewed. Of these, 31 were primary procedures and 7 were 'rescue' procedures following failed fundoplication. Median age at the time of procedure was 3 years 7 months (range 1 month to 13 years 11 months).

Main Results: Pre-operatively, 84% of children had symptoms of vomiting or retching and 71% of children had an unsafe swallow. There were 6 immediate complications related to surgery in 5 children requiring surgical intervention (Table 1). One child died following re-laparotomy for oesophago-jejunal anastomotic breakdown due to septic shock and multi-organ failure. Gastrostomy feeding was established by a median of 6 days (range 2 to 2.5 days) and median hospital stay was 10 days (range 4 to 280 days). There were 6 late complications as listed in Table 1. Median follow-up was 13 months (range 1 month to 8 years 4 months). All children have had resolution of gastro-oesophageal reflux. Thirteen percent of children experience bloating or pain on feeding and 26% of children experience retching unrelated to gastro-oesophageal reflux. One child has self-induced vomiting, one child has colonic dysmotility and one child has Barret's oesophagitis. There were 8 late deaths unrelated to surgery.

Conclusion: Total oesophagogastric dissociation should be considered as a primary and definitive procedure in selected children with severe neurodisability who are at higher risk of failure of fundoplication, recurrent aspiration and a reduced quality of life.

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| Immediate Complications | Pyloroplasty leak | 1 |
| | Oesophago-gastric anastomotic leak | 3 |
| | Wound dehiscence | 2 |
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| Late Complications | Gastric volvulus | 1 |
| | Colonic volvulus | 1 |
| | Gastric perforation + internal herniation of small bowel | 1 |
| | Superficial wound dehiscence | 1 |
| | Oesophageal stricture | 1 |
| | Ventral hernia | 1 |