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OUTCOME OF OESOPHAGEAL SUBSTITUTION: 15 YEAR EXPERIENCE 2001- 2015

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Aim: Oesophageal substitution is undertaken in 2-5% of patients with long gap oesophageal atresia, corrosive injury or trauma to the oesophagus. The colon, jejunum and stomach have been used, each organ comprising of its own technical advantages and disadvantages. Our favoured technique involves a right-sided oesophagostomy, sham feeding, gastrostomy feeds and gastric oesophageal substitution after 3 months of age.

The aim of this study was to assess surgical outcomes of patients that underwent a gastric oesophageal substitution.

Method: Retrospective cases series over a fifteen-year period (2001-2015) on patients who underwent gastric oesophageal substitution. Group A constituted corrosive injury and Group B non-corrosive. Complications, mortality and time to full oral feedings were assessed.

Results: Twenty-nine cases were identified. Group A consisted of 9 patients all caustic ingestions and Group B 20 patients (19 long gap OA and 1 iatrogenic oesophageal perforation).

Median age at surgery was 5 years for group A and 8 months for group B. Follow-up for group A was 24 months vs 10 years for group B.

Complications are demonstrated in Table 1.

Conclusion: Our data shows anastomotic leak and infection rates are high in corrosive injuries. In patients with complex co-morbidity time to reach full feeds is delayed but is reached successfully.

Outcome of oesophageal substitution: 15 year experience 2001- 2015

Table 1:

Complications	Group A (%)	Group B (%)	Total (%)
*Anastamotic Leak	3 (33.3%)	1 (5%)	4 (13.8%)
*Wound Infection	4 (44.4%)	0 (0%)	4 (13.8%)
Pleaural Effusion	0 (0%)	1 (5%)	1 (3.4%)
Further Pyloric Surgery	0 (0%)	2 (10%)	2 (6.9%)
Jejunostomy Problems	0 (0%)	4 (20%)	4 (13.7%)
Respiratory problems	2 (22%)	2 (10%)	4 (13.7%)
Mortality	1 (11%)	1 (5%)	2 (6%)
**Full feeds > 6 months	0 (0%)	3 (15%)	3 (10.3%)

*Recovered on non-operative management

** All with complex co-morbidity