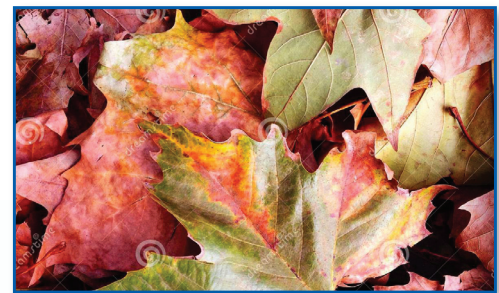




The national system to study the surgical management of a range of neonatal conditions – enabling national audit in neonatal surgery

Outcomes at One-Year Post Anastomosis from a National Cohort of Infants with Oesophageal Atresia

The results of the one-year follow up study of infants with Oesophageal Atresia live-born in the United Kingdom and Ireland in 2008/9 have been published. The aim of the study was to provide a contemporaneous assessment of outcomes at one-year post oesophageal atresia/tracheoesophageal fistula (OA-TOF) repair, focusing particularly on post-operative complications. The study also aimed to assess the efficacy of prophylactic anti-reflux medication (PARM) in reducing stricture formation.



During the study period 151 infants were live-born with OA, 126 of whom had the type-c anomaly. One-year follow-up information was returned for 105 infants (70%); the mortality rate was 8.6% (95% CI 4.7 – 14.3%). Post-operative complications included anastomotic leak (5.4%), recurrent fistula (3.3%) and oesophageal stricture (39%). Seventy-six (60%) of those with type-c anomaly were alive at one-year with returned follow-up, 57 (75%) of whom had received PARM. Of these 24, (42%) developed a stricture, compared to 4 (21%) of those who had not received PARM (adjusted odds ratio 2.60, 95% CI 0.71 – 9.46, p=0.147).

This study provides a benchmark for current outcomes and complication rates following OA-TOF repair, with oesophageal stricture causing significant morbidity. The use of PARM appeared ineffective in preventing strictures. This study creates enough doubt about the efficacy of PARM in preventing stricture formation to warrant further investigation of its use with a randomised controlled trial.

Reference: Allin B, Knight M, Johnson P, Burge D, on behalf of BAPS-CASS (2014) Outcomes at One-Year Post Anastomosis from a National Cohort of Infants with Oesophageal Atresia. PLoS ONE 9(8): e106149/journal.pone.0106149.

MBRRACE-UK Confidential Enquiry on CDH – Report Launch

We would like to make you aware of the meeting to launch the report of the MBRRACE-UK Confidential Enquiry on Congenital Diaphragmatic Hernia at the NEC in Birmingham on the 11th December, which you may be interested in attending. The meeting is free to attend. Further details about the meeting and how to book can be found at:

<https://www.npeu.ox.ac.uk/mbrance-uk/bookings>



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Thanks to the following hospitals who have returned MI and NEC cards for the last three months (June, July and August 2014):

Addenbrooke's Hospital, Cambridge
 Alder Hey Children's Hospital, Liverpool
 Birmingham Children's Hospital, Birmingham
 Great Ormond Street Hospital for Sick Children, London
 Hull Royal Infirmary, Hull
 John Radcliffe Hospital, Oxford
 King's College Hospital, London
 Leicester Royal Infirmary, Leicester
 Norfolk & Norwich University Hospital, Norwich
 Queen's Medical Centre, Nottingham
 Royal Alexandra Children's Hospital, Brighton
 Royal London Hospital, London
 Royal Victoria Infirmary, Newcastle-upon-Tyne
 Sheffield Children's Hospital, Sheffield
 Southampton General, Southampton
 St George's Hospital, London
 The Children's University Hospital, Dublin 1
 University Hospital of Wales, Cardiff
 Bristol Royal Hospital for Children, Bristol
 Chelsea and Westminster Hospital, London
 Edinburgh Royal Hospital for Sick Children, Edinburgh
 Leeds General Infirmary, Leeds

Glasgow Royal Hospital for Sick Children, Glasgow
 Our Lady's Hospital for Sick Children, Dublin 12
 Royal Belfast Hospital for Sick Children, Belfast
 Royal Manchester Children's Hospital, Manchester
 Evelina Children's Hospital, London
 Royal Aberdeen Children's Hospital, Aberdeen



Returned all three cards. Returned two cards. Returned one card. No Cards Returned.

Case report summary for cases reported up until October 2014

Condition	Cases Reported	Forms returned	Confirmed Cases	Unconfirmed Cases/Reported in Error	Duplicate Cases
Exomphalos	34	20 (59)	20 (100)	0 (0)	0 (0)
Hirschsprung's Disease	347	329 (95)	301 (91)	28 (9)	0
Hirschsprung's Disease 1yr Forms	298	259 (87)	259 (100)	0 (0)	0
Meconium Ileus	95	67 (71)	40 (60)	23 (34)	4 (6)
Meconium Ileus 1yr Forms	50	19 (38)	19 (100)	0 (0)	0 (0)
Necrotising Enterocolitis	321	280 (87)	228 (81)	47 (17)	5 (2)
Necrotising Enterocolitis 1yr Forms	184	70 (38)	70 (100)	0 (0)	0 (0)



GMC Revalidation

We are aware that as part of your GMC revalidation you are required to provide evidence of participation in national audit and research.

If you would like to receive a certificate confirming your contribution to BAPS-CASS, please email us at baps-cass@npeu.ox.ac.uk and we will get one sent out to you.