

EARLY “SHAM” FEEDING OF NEONATES SHORTENS TIME TO FULL ORAL FEEDING IN PATIENTS WITH MAJOR CONGENITAL ESOPHAGEAL ANOMALIES REQUIRING DELAYED PRIMARY REPAIR.

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Introduction: Many neonates born with major congenital GI anomalies (such as Long-gap Esophageal Atresia) are not able to feed orally (po) for many weeks or months as a result of a delayed primary repair. Even once primary repair is achieved, studies show that most of these patients have a significant delay to complete oral feeding. The inability to feed orally is partly due to poor post-natal development of oropharyngeal control of sucking and swallowing as well as because of a discontinuity between their proximal esophageal pouch and their distal GI tract and the associated proximal esophageal dysmotility. In order to promote the appropriate and early development of the suck and swallow mechanism, we have instituted a “Sham” feeding protocol.

Methods: Five patients over the last 13 years have been candidates for this protocol. When the patient is mature enough to exhibit oropharyngeal control of swallowing (ie vigorous sucking of pacifier, greater than 34 weeks CGA, not intubated or on CPAP), they are started on small volume of feeds po with a bottle/nipple with a Replogle suction system placed nasally into the pouch. Continuous suction on the Replogle while po feeding is instituted. The patients are carefully monitored with pulse oximetry, cardiorespiratory monitoring. The volume of feeds are slowly increased. When able, breast feeding is also instituted.

Results: All patients successfully completed po feeding protocols prior to their delayed primary repair. Fluoroscopy has been utilized to ensure sucking and swallowing without aspiration. There were no complications. Post-operatively, the patients had a shortened time to full po feeding and successful breastfeeding where desired.

Conclusion: A “Sham” feeding protocol is a safe and very useful in early development of oral feeding mechanisms and thus an earlier ability to tolerate complete oral feeding.