Feeding difficulties in EA patients

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Objectives

- ➢Development of feeding
- ➢ Feeding problems in EA-TEF
- ➢Maternal reactions
- ➢Management of feeding problems
- ➢Criteria for de-gavage

Feeding

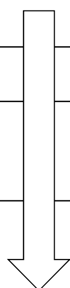
- At birth- reflexes (cry and suck) ready in response to energy depletion
  - Appetite-not present
  - Odor, taste only for sweet-present
- Mother - wired to hold/feed in response to cry
  - Re-establishment of energy & beginning of attachment
- Appetite (2 m), taste (3.5m), voluntary suck (2/3m), suck/ bite (4m)

Feeding in EA-TEF

- Abrupt realization no feeding is possible
- Mother: beginning of distress and anxiety
- Fears develop:
  - will forget to suck or swallow
  - will lose ability to feed
  - Confusing words: oral aversion, texture aversion, oral hypersensitivity, food refusal

After feeding, food route

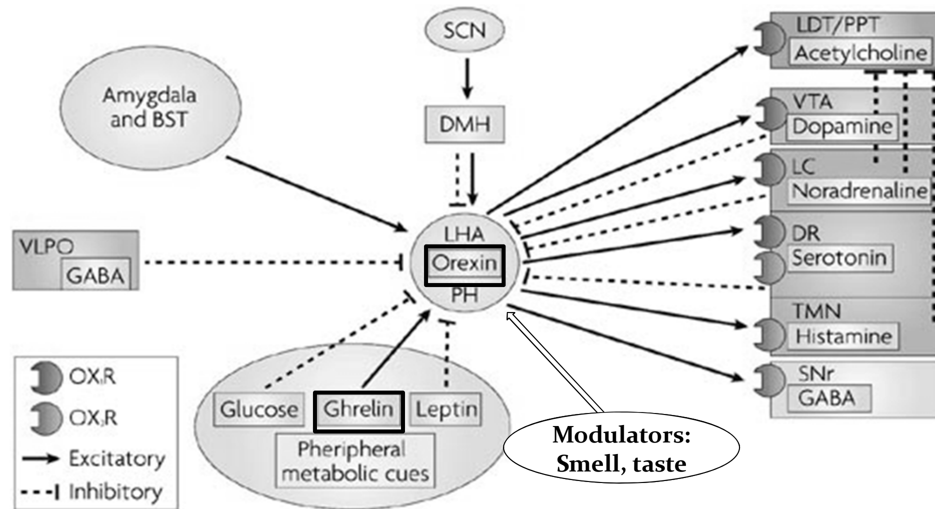
Food route: phases	Difficulties
Oral	Not EA related: may have oral sensory & motor issues, food tastes issues
Pharyngeal	choking, gagging, coughing, aspiration
Esophageal	regurgitation, dysmotility, bolus impaction, esophagitis
Gastrointestinal	reflux , vomiting, constipation
Respiratory function	pulmonary infections, bronchitis



Before food route: Appetite regulation and feeding

- Appetite= intrinsic motivation to look for and take in food
- Feeding = food offer

Appetite regulation in the hypothalamus



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Feeding problems in EA-TEF

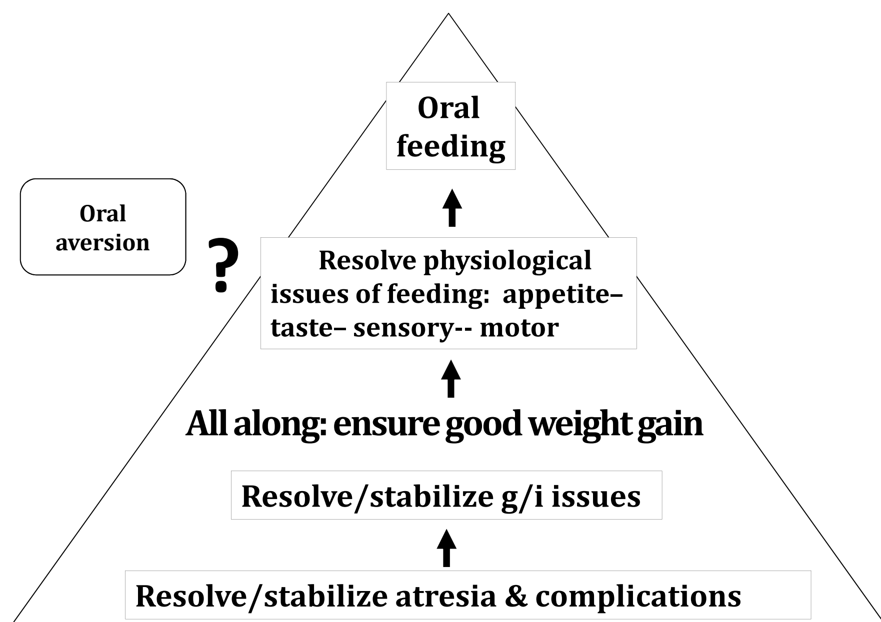
- Depends
  - type of EA-TEF
  - associated symptoms
  - anastomotic strictures leading to dilatations
  - severity of gi issues, reflux ->-> ? sensory?
- Depends
  - ng → g tube → gj tube ->-> ? appetite?
  - continuous feeds

Managing a child at home with complicated EA -ETF

A mother's reply to how the day goes by?

- clean up vomitus every morning
- 2 small g tube feeds during day
- 1 puree feed trial
- 4 x medication during the day
- 2 x nap times
- start continuous feed for nighttime

11x



Options in managing feeding problems

- Sham feeding (long gap EA)
- SOS (sensory approach) while still on gavage feedings
- Maximize interest in feeding early on (with medication) and de-gavage when criteria for it is met

De-gavage: pre-requisite

- Team: GI/Nutritionist/OT and Psych.
  - reflux under control
  - can afford 2-3 % weight loss initially
  - tolerates 120 ml/30 minutes via g-tube
  - can drink orally at least 30 ml
  - can take 10-20 ml purees of >5 variety
- Detailed explanation to mothers

De-gavage A: evidence of hunger

- Presence of appetite regulation
  - usually evident during meals at home
  - child tastes foods, reaches but takes small amounts
- ↓gavage to 2/3 of daily intake x 3 days
  - daily contact re drinking/eating
  - weigh days 1 and 3 → continue
- Maternal support

De-gavage B: no evidence of hunger

- Start cyproheptadine (age dependent)
  - observe change in reaction to foods
  - day 3-5:↓ gavage to 2/3 of daily intake x 3 days
- Ensure hydration
  - daily contact re drinking/eating
  - weigh days 1 and 3→ continue
- Maternal support

Challenges

- Parents of EA children
  - couple issues around caretaking
  - eager to feed, even when child not ready→ **challenge for team**
- Earlier the referral to ***Ψ***, the shorter the intervention
- If sudden medical/caretaking complications come up, team-based re-involvement

Any questions ?