

PAEDIATRIC NURSING PRACTICE MANUAL  
SECTION 8

CARE OF THE CHILD WITH A SURGICAL CONDITION

8.4 CARE OF THE CHILD RELATED TO SPECIFIC PROCEDURES

**8.4.4 ENDOSCOPIC DILATATION OF THE OESOPHAGUS, BANDING OR SCLEROTHERAPY OF OESOPHAGEAL VARICIES (POST-OP CARE)**

**Aim**

To recognise major adverse events such as oesophageal perforation and/or bleeding early and to decrease associated risks.

**Background information**

The majority of patients undergoing dilatation of the oesophagus have had a Tracheo Oesophageal Fistula (TOF) repair and have stricture formation at the site of anastomosis. Another group of children are those who have had a caustic injury to the oesophagus and a subsequent stricture has occurred.

**Key points**

1. These procedures are conducted under general anaesthetic via endoscope.
2. The oesophageal dilatation carries a significant risk of oesophageal perforation which may lead to mediastinitis, sepsis and death.<sup>1,2</sup> Vigilant observation is required to detect perforations.

| PROCEDURE  | ADDITIONAL INFORMATION   |
|--|--|
| <p><b>Observations</b></p> <p>Maintain observations for 6 hours following return to ward or unless indicated by the surgeon.<sup>1,2</sup></p>   |  |
| <p><b>Pulse and Respirations:</b> ¼ hourly for 2 hours, then ½ hourly until discharge.<sup>2</sup></p>   |  |
| <p><b>Blood Pressure:</b> ½ hourly for 2 hours, then hourly until discharge.<sup>2</sup></p>   |  |
| <p><b>Temperature:</b> Hourly.<sup>2</sup></p>   |  |
| <p><b>Pain:</b> If old enough, ask patients, or the parents of younger children, if they have symptoms, especially of pain.<sup>2</sup></p> <p>Notify the doctor if the child has symptoms (pain, cough) or signs (respiratory distress, fever).<sup>2</sup></p> | <p>Utilise developmentally appropriate pain assessment tool.</p> |

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Endoscopic Dilatation of the Oesophagus, Banding or Sclerotherapy of Oesophageal Varices (post-op care)

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| PROCEDURE   | ADDITIONAL INFORMATION   |
|---|--|
| <p><b>Behaviour:</b> Ascertain from the parent if the patient is behaving normally.</p>   |  |
| <p>If perforation is suspected, if there are exceptional circumstances associated with dilation, or if symptoms develop or persist following dilatation a chest x-ray should be undertaken.<sup>2</sup></p>   | <p>Inform the relevant consultant and request review.</p>  |
| <p><b>Commencement of Fluids</b></p> <p>Check for specific orders.</p> <p>Commence when patient has recovered from the anaesthetic.<sup>2</sup></p>   | <p>Orders may differ according to specialty, eg. ENT, Gastroenterology or General Surgery.</p>                                   |
| <p><b>Discharge Criteria</b></p> <p>After 6 hours of observation, if:</p> <ul style="list-style-type: none"> <li>- the patients observations are within normal limits</li> <li>- he/she is symptom free and</li> <li>- he/she has experienced no exceptional events to the dilatation, banding or sclerotherapy in the post op period,</li> </ul> <p>the patient may be discharged home following medical review.<sup>2</sup></p> |  |
| <p>At the end of six hours observation, if the patient has any of the following signs &amp; symptoms:</p> <ul style="list-style-type: none"> <li>- respiratory distress</li> <li>- cough</li> <li>- pain</li> <li>- fever</li> <li>- bleeding</li> <li>- <b>he/she must remain in hospital and undergo medical review.<sup>2</sup></b></li> </ul>   | <p>The child's consultant may vary the time of discharge.</p> <p>These signs and symptoms may be associated with perforation</p> |

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| PROCEDURE  | ADDITIONAL INFORMATION |
|--|------------------------|
| <p>Prior to discharge, give parents brief, clear instruction about signs and symptoms.<sup>2</sup></p> <p>Advise them if their child develops pain, cough, respiratory distress, or fever in the 48 hours following discharge should return to hospital for review.<sup>2</sup></p> <p>Advise patients who have had banding/ sclerotherapy to return to hospital for review if they have signs and symptoms as above or vomiting of blood or black tarry stools.</p> |                        |

#### References:

1. Koshy SS & Nostrant TT. Pathophysiology and endoscopic balloon treatment of esophageal motility disorders. [Expert opinion]. Surgical Clinics of North America.77(5):971-992; 1997.
2. Paediatric Medicine Clinical Care Unit (Gastroenterology Consultant Group). Post operative observations for oesophageal dilatation patients [Expert Opinion]. Perth: Gastroenterology Department, Princess Margaret Hospital for Children; 2009.

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