

Thames Valley Priorities Committees (Berkshire PCTs)

Policy Statement 63

Ref TV13

**Surgical techniques for the treatment of
Oesophageal Stricture**

Date of Issue

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The published STEER review, *Oesophageal-gastric anastomosis and interposition surgery for oesophageal atresia or stenosis in children* was reviewed by the Thames Valley Priorities Team. The review found only poor quality evidence. The studies lacked reliable controls. However, given that oesophageal atresia is fatal if left untreated, there was sufficient evidence to find oesophago-gastric anastomosis or interposition surgery preferable to no intervention in infants with atresia and that this may also be feasible for non infant children although there was limited evidence to support this. There was not enough evidence to draw reliable conclusion regarding the relative safety and efficacy of oesophago-gastric anastomosis or interposition surgery compared with other treatment for oesophageal atresia or stenosis.

It was noted that:

- The case series for interposition surgery were larger than the case series for oesophago-oesophageal anastomosis (particularly the Foker technique)
- The evidence of feasibility for the Foker technique was absent in non infant children

The Thames Valley Priorities Committees recommended that the Foker technique should be regarded as a LOW PRIORITY and experimental treatment and should not be supported unless further evidence is published.

This statement will be reviewed in light of new evidence or guidance by NICE

Ref:

Muthu V. Oesophago-gastric anastomosis and interposition surgery for oesophageal atresia or stenosis in children. In Bazian Ltd (Ed) STEER: Succinct and Timely Evaluated Evidence Reviews 2003; 3(16). Bazian Ltd and Wessex Institute for Health Research and Development, University of Southampton. <http://www.signpoststeer.org>