

Aerodigestive and Esophageal Disorders



Patients seeking care from the Aerodigestive and Esophageal Center come from more than 49 states and 24 countries.

995

In FY22, we performed 995 single and combined microlaryngoscopy and bronchoscopy (MLB), flexible bronchoscopy, and esophagogastricduodenoscopy (EGD) procedures in our dedicated shared Aerodigestive operating rooms.

The team at the Aerodigestive and Esophageal Center at Cincinnati Children's Hospital Medical Center specializes in caring for children with the most complex airway, pulmonary, esophageal, feeding and upper digestive tract disorders. Every year the center's highly renowned airway reconstruction surgeons and top-ranked gastroenterologists, otolaryngologists, pediatric surgeons and pulmonologists see more complex aerodigestive cases than other centers. This enables them to bring unparalleled experience and expertise to the treatment of chronically ill children with aerodigestive and esophageal disorders.

HOW WE'RE DIFFERENT

At Cincinnati Children's, specialists from different disciplines—including otolaryngology, pulmonology, pediatric surgery, gastroenterology, speech pathology and nutrition—collaborate in a single location to prepare a comprehensive care plan. All of the specialists, social workers and nurse practitioners attend a weekly meeting to review each child's case and develop and discuss the plan.

Having specialists from the different disciplines together in the operating room to evaluate each patient allows for a more accurate and swift diagnosis, and helps determine the true level of required care. The thoroughness of the screening process enables the team to catch previously undiagnosed conditions that, if left untreated, would adversely impact the success of surgical treatment.

The Aerodigestive and Esophageal Center (ADEC) is led by medical director, Michael Rutter, MD, pediatric otolaryngologist. Dr. Alessandro de Alarcon serves as the research director. Daniel von Allmen, MD, surgeon-in-chief, specializes in treating children who face the challenges of complex esophageal disorders such as esophageal atresia and tracheoesophageal fistula.

The ADEC was established in 1999 by Robin T. Cotton, MD who developed the airway reconstruction procedures that have saved children from a lifetime of tracheal tube dependency and by Dr. Robert Wood who played a major role in the advancement of instruments and techniques for flexible bronchoscopy in pediatric patients.

CONDITIONS TREATED

The Aerodigestive and Esophageal Center at Cincinnati Children's treats children with:

- Chronic airway disorders requiring tracheotomy, ventilation or supplemental oxygen
- Anatomic disorders of the pharynx, larynx or esophagus that limit oral feeding
- Feeding and swallowing disorders or special feeding needs
- Acquired conditions after unsuccessful treatment of the airway or esophagus



TREATMENT TEAM

Surgeons and Subspecialists from:

Gastroenterology, Hepatology & Nutrition

Genetics

Interdisciplinary Feeding Team

Nutrition Therapy

Otolaryngology

Pediatric Surgery

Pulmonary Medicine

Social Work

Radiology

Speech Pathology

Occupational Therapy

Nurse Practitioners

CONTACT US

For patient referrals and non-urgent consultation during business hours, contact the program directly at:

Phone: **513-636-2828**
adec@cchmc.org

International:
Phone: **+1-513-636-3100**
international@cchmc.org

www.cincinnatichildrens.org

SPECIAL CONDITIONS TREATED AT THE CENTER

- Achalasia
- Airway obstruction
- Airway/esophageal damage from caustic ingestion
- Aspiration
- Bronchomalacia
- Bronchopulmonary dysplasia
- Bronchogenic cysts
- Bronchoesophageal fistula
- Central apnea
- CHARGE syndrome
- Craniofacial syndromes involving airway obstruction and associated feeding issues
- Dysphagia
- Esophageal atresia
- Esophageal duplications
- Esophageal web or stricture
- Gastroesophageal reflux
- Glottic stenosis
- Hypoplastic lung
- Hypoventilation
- Interstitial lung disease
- Laryngeal atresia
- Laryngeal cleft
- Laryngeal/tracheal/bronchial papillomatosis
- Laryngeal web
- Laryngomalacia
- Obstructive apnea
- Sleep disorders
- Subglottic stenosis
- Tracheal stenosis
- Tracheoesophageal fistula
- Tracheomalacia
- Tracheotomy dependency
- Voice disorders

TREATMENT APPROACH

One of the chief goals of the treatment team is to collaborate pre-operatively to help avoid any post-operative problems. Gastroenterology and pulmonology evaluations play a critical role in determining whether a child is ready for reconstructive airway surgery, since the health of those systems plays a vital role in the patient's healing process.

Our surgical team has years of experience performing and improving upon a variety of procedures, including:

- Colon interposition (for esophageal replacement)
- Cricotracheal Resection (CTR)
- Esophagectomy
- Gastric pullup
- Laryngeal cleft repair
- Reconstruction (LTR) with cartilage grafting, also known as Laryngotracheoplasty (LTP)
- Primary repair of esophageal atresia
- Segmental esophageal resection
- Slide Tracheoplasty
- Tracheoesophageal fistula repair
- Thoracoscopy

For international inquiries, call +1-513-636-3100 or email international@cchmc.org.