

British Association of Paediatric Surgeons Congenital Anomalies Surveillance System (BAPS-CASS)



Newsletter 4: November 07

The national system to study the surgical management of a range of neonatal conditions Oesophageal Atresia study to commence next year

Thank you all for contributing to BAPS-CASS and helping to establish this unique surveillance system. The BAPS Research Committee has approved the next BAPS-CASS study to commence in April 2008 when the gastroschisis study finishes. Oesophageal atresia (OA) includes a group of congenital anomalies comprising a discontinuity in the oesophagus with or without a trachea-oesophageal fistula (TOF). Five sub-types of oesophageal atresia are described, but as yet no national or population-based survey has been conducted to assess the incidence of each sub-type and the variation in management of each. The management of long-gap OA, defined as OA without a distal TOF, remains particularly controversial. Because of the difficulty in creating a primary oesophageal anastomosis, surgery for long-gap OA tends to be delayed and may include the fashioning of an oesophageal conduit from stomach, small bowel or colonic tissue. No single technique has been identified as the gold standard, and individual surgeons tend to adhere to their own preference.

This study will estimate the birth prevalence of each sub-type of OA, record the percentage of associated anomalies, and how these are screened for. It will also describe the surgical management and the short and medium term outcomes after corrective surgery.

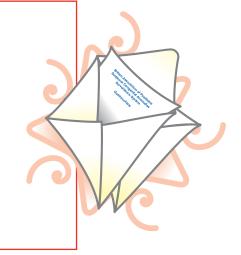
David Burge from Southampton is the Clinical Lead for the study, assisted by Clinical Academic Fellow Natalie Schenker from Oxford.

Case Report Summary to 31/10/2007

Condition	Cases Reported		Confirmed Cases	Unconfirmed Cases	Duplicate Cases
Gastroschisis	267	151 (57%)	147	0	4

Data Collection Forms

Please can we remind all of you to complete and return data collection forms as soon as you receive them? Currently less than 60% of forms have been returned, and although some of these have been sent out only recently, there are 38 forms still outstanding from infants born more than six months ago. The failure of a few to complete forms invalidates the hard work of the many that have made the effort. Without complete return of data the study results may not be unbiased or generalisable and therefore one of the main aims of BAPS-CASS will not be achieved.



Thank you to the unit coordinators who have returned cards over the last three months:

Addenbrookes Hospital

Birmingham Children's Hospital

Bristol Royal Hospital For Children

Chelsea and Westminster Healthcare Trust

Edinburgh Royal Hospital for Sick Children

Glasgow Royal Hospital for Sick Children Great Ormond Street Hospital for Sick Children

Hull Royal Infirmary

John Radcliffe Hospital

King's College Hospital

Leeds General Infirmary

Leicester Royal Infirmary

Norfolk & Norwich University Hospital

Nottingham University Hospitals

Our Lady's Hospital for Sick Children

Queen Charlotte's & Chelsea Hospital

Royal Aberdeen Children's Hospital

Royal Alexandra Children's Hospital

Royal Belfast Hospital for Sick Children

Royal Liverpool Children's Hospital

Royal London Hospital

Royal Manchester Children's Hospital

Royal Victoria Infirmary

Sheffield Children's Hospital

Southampton General

St George's Hospital

University Hospital Lewisham

University Hospital of Wales

Returned all three cards.

Returned two cards.

Returned one card.

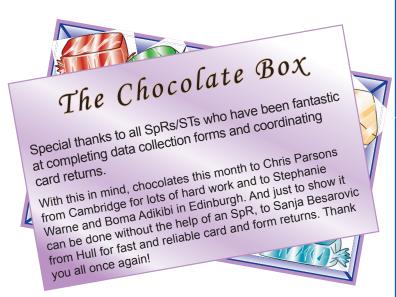
Returned no cards

If you think you have returned all your cards and are not listed in green, please let us know. We are also happy to receive email notifications if you are missing cards.

Reminder

Remember when you notify a case to note the patient's name and hospital number on the half of the blue card you keep, so that when the data collection forms arrive you can easily retrieve the notes without having to re-identify the patient.







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