

I was doing my best to describe the treatment in case of a boy who was hospitalized on our clinic with suspicion of GIT congenital defect. After investigation on our clinic, atretic esophagus diagnosis was confirmed. The boy was operated yet that night. The operation as well as the post-operative period was smooth and without complications. The boy was on UPV after operation and he could be extubated during the night. Disconnection from UPV was also smooth and without complications. Due to the operation the boy was not able to receive the diet per os. During the first days after operation, he had a parenteral diet, which was continually replaced by serving breast milk to NG sonde. In that time, the patient's mother was accepted on our ward so it was necessary to educate and join her into the treatment of her child.

After esofagogram control the boy started to take his diet per os and he was transferred to the common box with his mother. As soon as he started to receive adequate amounts of breast milk he could be released for home care. Mother managed the treatment of her boy perfectly and she managed the right breast feeding technique without any problems. Back home she went educated with necessary contacts on our doctors.