

Butterflied Roux En Y Esophagogaastrojejunostomy: A Novel Technique for Definitive Surgical Treatment of End Stage Achalasia and Refractory Lower Esophageal Stricture

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Introduction

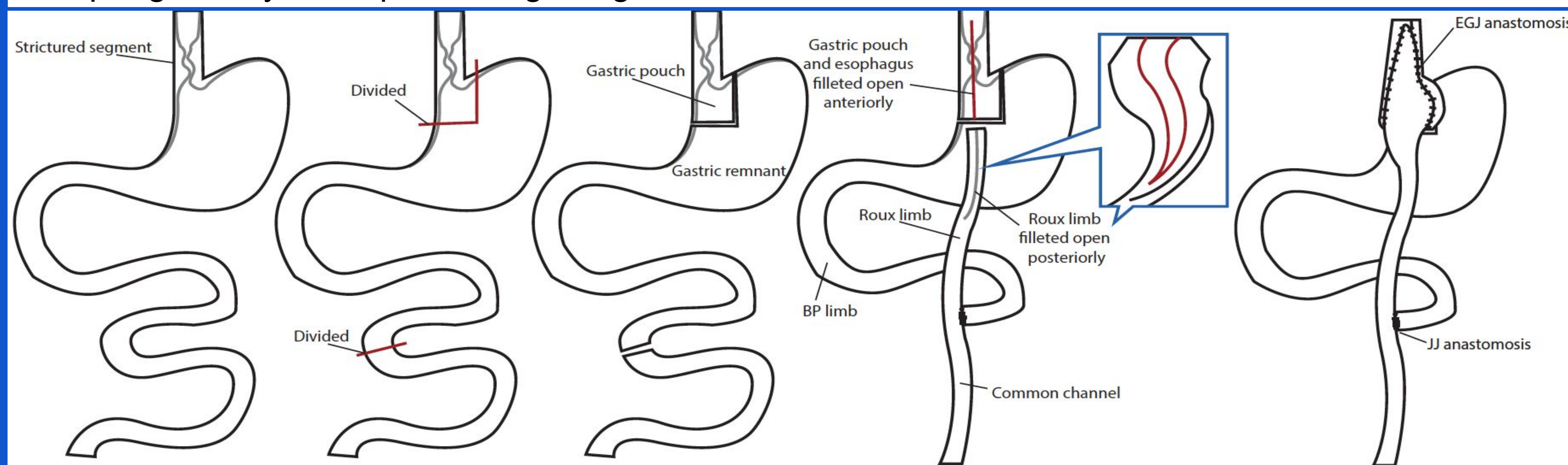
Esophagectomy is the definitive treatment for end-stage achalasia and refractory, non-dilatable LES stricture, but it is associated with high morbidity, poor quality of life, and definitive anatomic derangement that precludes further surgical options.

Description of Procedure

Divide the diseased inferior esophagus and LES to above the affected level to create a wide, splayed-open anastomosis between the esophagus, stomach and jejunum in a roux-en-Y configuration to facilitate drainage and obviate reflux.

Why It Works

The size and distensibility of the EGJ pouch accommodates larger meals, allowing the patient to consume a more normal diet with less early satiety. Avoids the abnormal physiology associated with the stomach or bowel within the negative pressure environment of the chest and prevents the decreased quality of life associated with esophagectomy. Prevents the need for or delays esophagectomy while preserving the gastric conduit.



Eric R Simms, MD

Cases

Case 1: 51M end stage achalasia and sigmoid esophagus. Case 2: 65M end stage achalasia with sigmoid esophagus. Case 3: 35F with refractory, long-segment distal esophageal stricture from reflux disease. All patients are off total parenteral nutrition, tolerating a regular diet, and maintaining nutrition at long term follow-up.

Conclusion

Successful, potentially less morbid alternative to esophagectomy in end-stage achalasia and refractory lower esophageal stricture.