COMBINING PROCEDURES FOR ACHALASIA: LAPAROSCOPIC HELLER MYOTOMY WITH EGD AND BALLOON DILATION – A DURABLE SOLUTION FOR ACHALASIA

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Introduction

- Laparoscopic heller myotomy (LHM) is the gold standard for management of achalasia
- Balloon dilation (BD) is a useful adjunct for treatment of achalasia
- Using the two procedures in concert allows for safe blunt spreading of the muscular layers without the need for cautery
- **Aim**: Determine outcomes and patient satisfaction resulting from combined LHM with BD *without* concurrent esophageal wrap

Methods

- Retrospective review of patients undergoing LHM+BD from 2013-2020
- Chart review for in hospital and immediate post operative complications
- Patients surveyed using Eckardt score (measure of symptoms related to achalasia) and GERD quality of life score (measure of GERD symptoms) to assess procedural success

Table 1: Demographics for 66 patients undergoing LHM+BD (2013 – 2020)

Characteristic	Value
Age, median (IQR)	59 (15 -27)
Female sex, n (%)	35 (53)
Prior abdominal surgery, n (%)	33 (50)
Prior intervention for achalasia, n (%)	19 (29)
Smoker, n (%)	14 (21)
Alcohol, n (%)	16 (24)
Achalasia Type	
1	2 (3)
2	30 (45)
Not documented	34 (51)

Table 2: Outcomes after LHM+BD

Outcomes	Value
Length of stay, days, median (IQR)	1 (1-2)
Complications, n (%)	6 (9)
Additional surgery for achalasia	3 (9)
Additional procedure for achalasia, n (%)	5 (16)
Continued PPI use, n (%)	15 (48)
Median follow up, years, (31 patients)	4

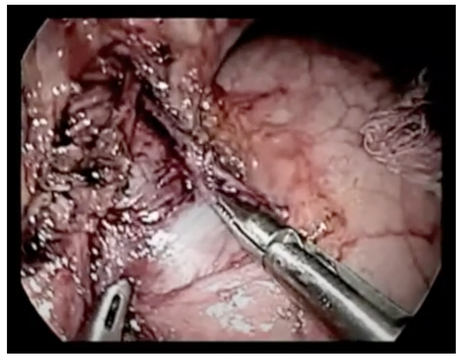




Table 3: Achalasia/GERD Outcomes

Eckardt Score	Value
0-1	12 (39)
2-3	8 (26)
4-6	7 (23)
GERD Quality of Life Score	**Value**
0-9	14 (45)
10-19	6 (19)
20-29	6 (19)
30-39	2 (6)
40-49	3 (10)

Conclusion

- Laparoscopic heller myotomy with concurrent EGD and balloon dilation provides a safe and effective method for management of achalasia
- The myotomy given is durable with most patients not requiring further intervention with a median follow up of four years
- Above average Eckardt score at median follow up of 4 years
- Esophageal wrap is not necessary, and the majority of patients have reflux which can be controlled with either no medications or PPI alone
- GERD symptoms comparable to other studies published results using Dor