

## LAPAROSCOPIC HELLER'S MYOTOMY

### Definition :

This is an operation to divide (cut through) the muscular fibres of the lower sphincter of the oesophagus.

### Aim of surgery :

To improve swallowing for patients with Achalasia.

### About Achalasia :

The oesophagus is a muscular tube that carries food and fluid from the mouth to the stomach. There is a muscular sphincter at each end to prevent the stomach contents from refluxing back up the oesophagus. The lower sphincter is at the junction between the oesophagus and the stomach (level with the diaphragm). In normal swallowing the sphincters relax in a co-ordinated manner as a wave of peristalsis (contractions of the oesophagus) passes from the throat down to the stomach, carrying food and fluid downwards.

If you have achalasia the lower sphincter of the oesophagus does not relax normally when you swallow. Food therefore gets lodged above the sphincter (a feeling of food being 'stuck'). Sometimes the stuck food is regurgitated back into the mouth, and other times the food will slowly enter the stomach with time, and taking small sips of fluid.

The cause for this condition is not clear, but there is an abnormality in the nerve junctions in the muscle of the sphincter, leading to the lack of relaxation when swallowing. Over time the patient will slowly develop a dilated oesophagus (widened), and eventually the oesophagus contractions might fail because they are constantly trying to push food through an unrelaxed sphincter.

### About the surgery :

Laparoscopic (keyhole) surgery uses long thin cameras and instruments to work inside the abdominal cavity through a number of small incisions (ports) rather than through a large incision. The surgeon has a clear view of pictures from the camera in the abdomen on to a television monitor. Laparoscopic surgery has the benefit of less pain than open surgery, and a quicker recovery time.

There will be five small (1cm) incisions across the top of the abdomen to enable cameras and instruments access. After protecting other organs, the junction between the oesophagus and the stomach is identified and a 7cm segment of the lower sphincter of the oesophagus is divided. Then a partial fundoplication is usually performed (stitching part of the top of the stomach across the back of the oesophageal/stomach junction at the level of the sphincter division). This is to help reduce acid reflux after the operation.

### Risks and Complications :

Every operation has risks and complications associated with it, and though these are uncommon, they can be serious. Damage to the lining of the oesophagus can occur, and can be repaired (with sutures) at the time of the operation.

You may need to be in hospital a little longer while the area heals. Unexpected bleeding can occur, and will be dealt with by ligatures/clipping or suturing during the operation. Rarely, damage to other organs in the abdomen can occur due to the close proximity to the stomach and oesophagus (eg liver or spleen). These problems would be dealt with immediately. Wound infections can be treated with antibiotics should they occur. Other rare but possible complications include pneumonia, DVT's (deep vein thrombosis) and pulmonary embolus.

**After the surgery :**

You will have an IV line to give you fluids for the first few hours or day, until you are able to tolerate sips of water. Over the next day you will be able to drink more fluids, and then try a 'sloppy' textured liquid diet, then progress to a soft diet by about the third day (by which time you will be home from hospital). Pain should be controlled by oral medication, but if not, IV medication can be given to you in hospital. You will be encouraged to move about and walk to the toilet etc to lessen the risk of DVT's. The dressings on the wounds are waterproof and you can shower with them. They will fall off over the next 10 days. The sutures are dissolvable. Over the next few weeks the texture of your food can return to normal as long as you take small mouthfuls and cut and chew food well.

**Outcome results :**

Generally results of dividing the lower oesophageal sphincter are very good. The obstructive symptoms in the oesophagus are relieved and therefore food passes more easily and normally down through the divided sphincter into the stomach. Your swallowing should be much better than before the operation. There may still be some reflux symptoms (eg heartburn), which can be minimised with medication. Achalasia also results in weakened contraction of the oesophagus (which persists after surgery) and it is advisable to be careful with food choices.

Last reviewed March 2015

**The Endoscopy Clinic**

Level 1, 9 Caledonian Road, Christchurch 8013

P: (03) 961 6666

E: [info@endoscopyclinic.co.nz](mailto:info@endoscopyclinic.co.nz)

