

Long Term Follow Up for Patients Post Laparoscopic Heller Dor Myotomy for Achalasia

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Context and Issues

“Failure to Relax” or Achalasia

Achalasia is a relatively rare esophageal motility disorder; its pathogenesis is presumed to be idiopathic or infectious neurogenic degeneration. Achalasia is also known to be a premalignant condition of the esophagus. The available therapies (surgical or endoscopic myotomy and pneumatic dilation) are considered only palliative [1,2]. In the surgical literature, the results of laparoscopic achalasia treatment are generally consistent, with good outcomes reported in 85 to 95 % of patients at 5-year follow-up [3-7]. The most common complication after Laparoscopic Heller-Dor (LHD) is Gastroesophageal Reflux Disease (GERD) (6-34 %) [8-11].

Study Objectives

General Objective

Highlight the drawbacks of laparoscopic Heller Dor myotomy and offer new surgical options for treating Achalasia.

Specific Objectives

- Assess complications rate after the regular Heller Dor Myotomy.
- Demonstrate a new surgical technique for treating Achalasia.
- Comparison of long term outcomes post regular Heller Dor and the modified one.

Methodological Approach

It is an observational prospective study from January 2010 to January 2018 in three different hospitals Al zahraa, Bahman and Rasoul al aazam.

Data Collection

Inclusion Criteria

All consecutive patients with a definitive diagnosis of achalasia who underwent modified laparoscopic Heller-Dor.

Exclusion Criteria

- Patients who don't have a real diagnosis of achalasia.
- patients who has operated with other surgical or non-surgical technique.

Controls

All patients who had achalasia and operated with laparoscopic Heller-Dor and had no documented symptoms or redo surgery.

The following variables will be included: patient's data (age, gender, comorbidities), preoperative symptoms (dysphagia, chest pain, regurgitation, and heartburn), indication for surgery, post-operative follow-up (heartburn, dysphagia, stenosis, perforation, bleeding, infection).

Data Analysis

The incidence of achalasia recurrence will be calculated. A multivariate analysis will be performed looking for most common complications.

Impact of the Study

The aim of this study is to prove that the modified Heller Dor Myotomy for treating Achalasia has improved outcomes over the regular myotomy; GERD in specific.

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