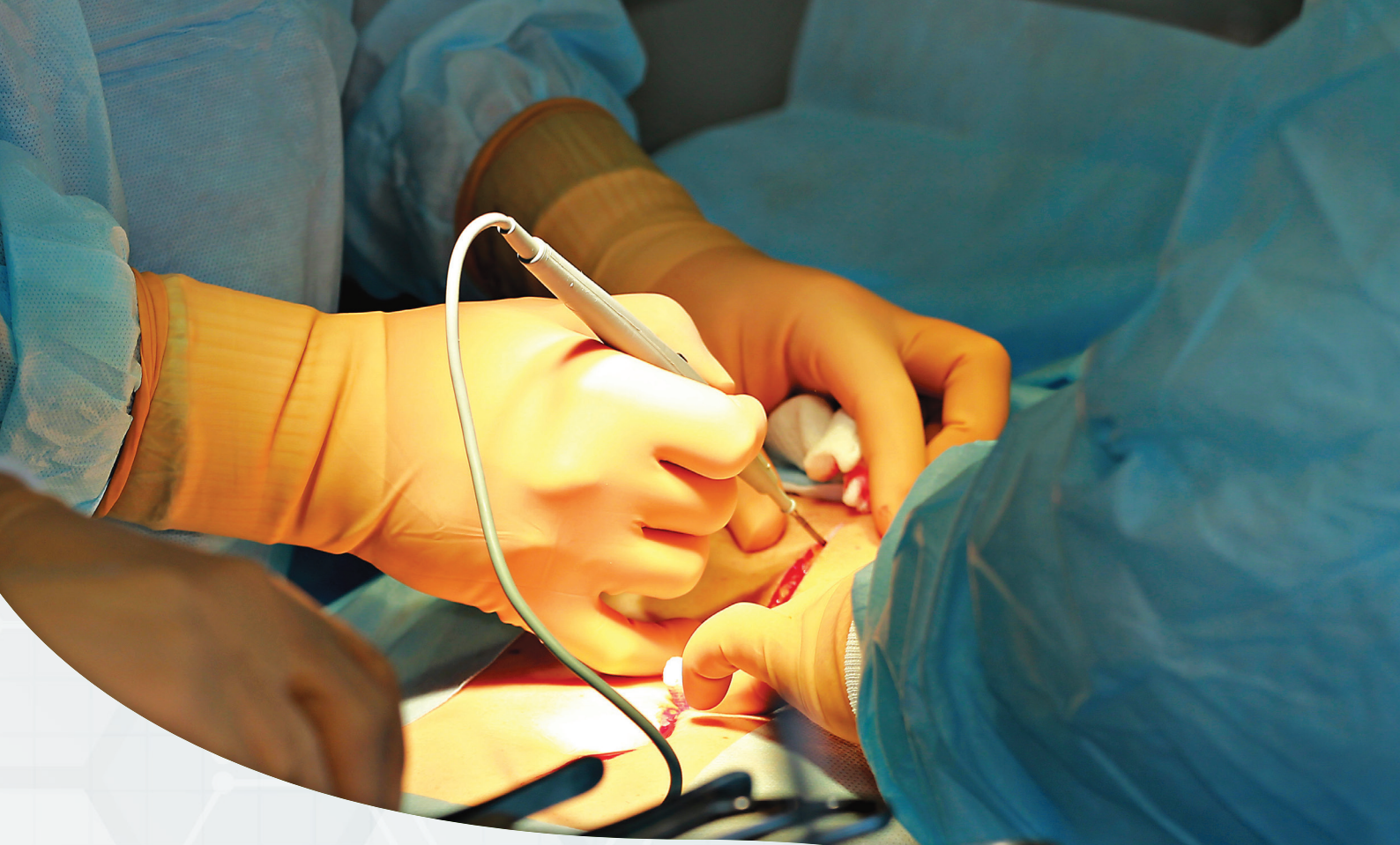

Total Upper GI Surgery

WEIGHT LOSS I REFLUX I CANCER I GENERAL SURGERY

Laparoscopic Heller's Myotomy

Laparoscopic Heller's Myotomy is an operation used to treat a condition called Achalasia. Achalasia is a condition that affects the oesophagus and the lower oesophagus sphincter (LOS). If you have Achalasia, your lower oesophageal sphincter fails to open up during swallowing. This leads to a backup of food within the oesophagus. Patients usually present with difficulty eating both solid and liquid foods.

What are the advantages of surgery?

Advantages include:

- ✔ **Immediate resolution of symptoms** – able to eat food
- ✔ **Improved quality of life**

What are the options for surgery?

Laparoscopic Heller's Myotomy is the gold standard operation for achalasia. Generally the diagnosis will be confirmed on manometry tests pre-operatively.

Your surgeon will discuss with you the operative approach based on your clinical symptoms, previous surgery and medical problems. It is your decision to proceed with surgery.

What if I don't have surgery?

Surgery is the recommended standard of care in the management of achalasia. If you undertake a non-operative approach, the following should be considered and discussed with your surgeon.

1. **Endoscopic management can be undertaken, which includes endoscopic dilatation or botox injection. Generally these procedures will need to be repeated as symptom relief is temporary**

2. **Medications can sometimes be used to manage symptoms but have limited effect**

What does the surgery involve?

The surgery can generally be performed with admission post-operatively for 1-2 days. The surgery will be performed under General Anaesthesia. Local anaesthetic and intravenous antibiotics will be administered during the procedure.

Laparoscopic surgery involves 5 small incisions which laparoscopic ports are placed through into the abdominal cavity. Surgical instruments will be introduced to assist in performing the myotomy. A myotomy (dividing the muscle of the lower oesophageal sphincter) will be performed. Following the myotomy a fundoplication (wrap of stomach) will be performed to prevent reflux in the future. Your surgeon will close the small cuts with sutures.

Things to know?

Fasting

Generally, you will need to fast for 6 hours prior to surgery. Your surgeon will provide instructions when booking your surgery. If you are unsure or have any concerns please contact our team.

Medications

Discuss with your surgeon/anaesthetist all the medications you take, particularly any blood thinning (warfarin, aspirin, clopidogrel, Xarelto, Eliquis, Pradaxa) or herbal medications. Your surgeon will advise which medications need to be ceased prior to surgery.

Smoking

Your surgeon will advise you to stop smoking prior to surgery. Smoking increases the risk of developing complications post-operatively.

Weight

Any weight you can lose prior to surgery will improve the outcomes following surgery. Overweight patients have a higher risk of developing complications following surgery.

Exercise

Regular exercise improves lung and heart function which improves recovery following surgery. For hernias, you should avoid heavy lifting and exercise which you feel worsen your symptoms. Seek the advice of your surgeon or GP prior to surgery.

General information

Pregnancy - please advise your surgeon if there is any possibility you are pregnant.

Hair removal - in the week prior to the procedure do not shave/wax in the region of your surgery.

Hygiene - have a shower the day before or day of surgery.

Please discuss any other questions with Total Upper GI Surgery.

Complications

Your surgeon and their team will make your surgery as safe as possible, however complications do occur. Some of these can be serious and even cause death.

Common risks and complications

Pain – can occur following surgery. Local anaesthesia and oral analgesia will be given to help you move about freely and cough.

Bleeding – can occur and may require a return to the operating theatre. Bleeding is more common if you take blood thinning medications.

Infection – can occur within the surgical site. It is important to leave the dressings intact as guided by the surgical team. If your wound develops redness or discharge please advise your surgeon as soon as possible.

Urinary retention (1 in 100) - following surgery you may have difficulty passing urine. Occasionally a urinary catheter will need to be placed.

Wound - thickened scarring of the skin may occur. Small pockets of fluid (seroma) can develop and usually resolve without treatment.

Lungs - small areas of lung can collapse and pneumonia develop. Antibiotics and physiotherapy may be required.

Clots - a blood clot in the leg (deep vein thrombosis DVT) or lung (pulmonary embolism – PE) can develop following surgery. DVT may present with swelling, pain or redness in the leg. PE can present with shortness of breath, chest pain or bloody cough. Further treatment with blood thinners may be required if these develop.

Wound infection, chest infection, heart and lung complications and blood clots are more common in people who are overweight, smoking or have a history of diabetes. Emergency surgery increases the risk of these complications.

Uncommon risks and complications

Include:

Conversion to open surgery - laparoscopic technique may not be possible and your surgeon may need to convert to open surgery.

Damage to surrounding structures - damage to large blood vessels, spleen, gut and phrenic nerves occur during surgery. If these occur appropriate treatment will be instituted.

Oesophageal injury – occasionally a full thickness injury can occur. If not recognised this may warrant further surgery.

Heart and lung complications - rarely gas used to inflate the abdomen can cause heart and lung complications. Heart attack or stroke can occur due to strain on the heart.

Adhesions - scar tissue may form leading to a bowel obstruction.

Anaesthetic risks are uncommon however you should discuss these risks with your anaesthetist. Death as a result of this procedure is rare.

What to expect following surgery

The majority of patients make a full recovery following a Laparoscopic Heller's Myotomy.

Following the operation you will be transferred to the recovery area and then to the ward. You should be able to be discharged within 1-2 days after surgery. You should discuss this with your surgeon.

You should talk to your surgeon if you develop any of the following:

- ✓ **Worsening pain, especially with walking or coughing**
- ✓ **Difficulty swallowing or reflux/heartburn**
- ✓ **A high temperature or fever**
- ✓ **Dizziness or shortness of breath**
- ✓ **Swelling of the abdomen or wound**
- ✓ **Not opening bowels or passing wind**
- ✓ **Difficulty passing urine.**

If you do not improve over the week following surgery, please contact your surgeon or GP.
Do not drive following surgery until you have complete movement, sensation and function.

Do not drive if taking opiate analgesia. Do not drive until you feel you can safely control your vehicle.
Do not consume alcohol for 24hrs following general anaesthesia.

You can usually return to normal activities one week following surgery. Do not do any strenuous activities or heavy lifting for 4-6 weeks following surgery. Please discuss with your surgeon prior to commencing strenuous exercise.

ℹ This document contains general information only as at the date of publication and should not replace advice obtained by your treating doctors applicable for your specific circumstances.

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