



Safety and Efficacy of Laparoscopic Cardiomyotomy for Esophageal Achalasia: A Prospective Cohort Study

Mostafa M. Sayed¹, Ayman Kamal¹, Abdallah M. Taha^{2*}, Mohamed G. Taher¹, Zain A. Sayed³, Mohamed El- Masry³, Mostafa A. Hamad¹

Abstract:

Abstract Background: Achalasia is a rare but troublesome disease with multiple treatment options. Currently, no treatment option can change the underlying pathology of the disease. All available options only palliate symptoms to varying degrees and for varying durations. They include medications, endoscopic balloon dilatation, Botulinum toxin injection and surgery; open and laparoscopic. **Objectives:** Prospective study to assess the results of laparoscopic cardiomyotomy with Dor fundoplication for treatment of esophageal achalasia. **Patients and Methods:** The study included 19 consecutive idiopathic achalasia patients who were admitted to the Surgery Departments in Assuit and South Valley University Hospitals, from April, 1st 2014 to March, 31st 2017. Laparoscopic cardiomyotomy with Dor fundoplication was done in all patients. Mean follow up was 19 (12-30) months. Follow up included changes in Dysphagia, regurgitation, chest pain, heartburn, and choking during sleep, patient weight and satisfaction after surgery, and intra- and post-operative complications. **Results:** This study included 11 females and 8 males. Mean age was 44.5 years (range, 18 - 75 years). Mean operative time was 145.5 ± 36.2 (range 100-210) minutes. Mean hospital stay was 3.5 (range 2- 6) days. Dysphagia, regurgitation, chest pain, heartburn, and choking during sleep, assessed according to Eckardt scores, improved significantly in 95%, 89%, 70%, 95%, and 75% of patients respectively. P-values were

Keywords:

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