

FA06: Featured Abstracts 6: Achalasia (Benign)

Date: September 20, 2016, 16:00 - 17:00

Room: Topaz Concourse

FA06.01: Type of achalasia is a predictor of re-intervention after laparoscopic Heller myotomy

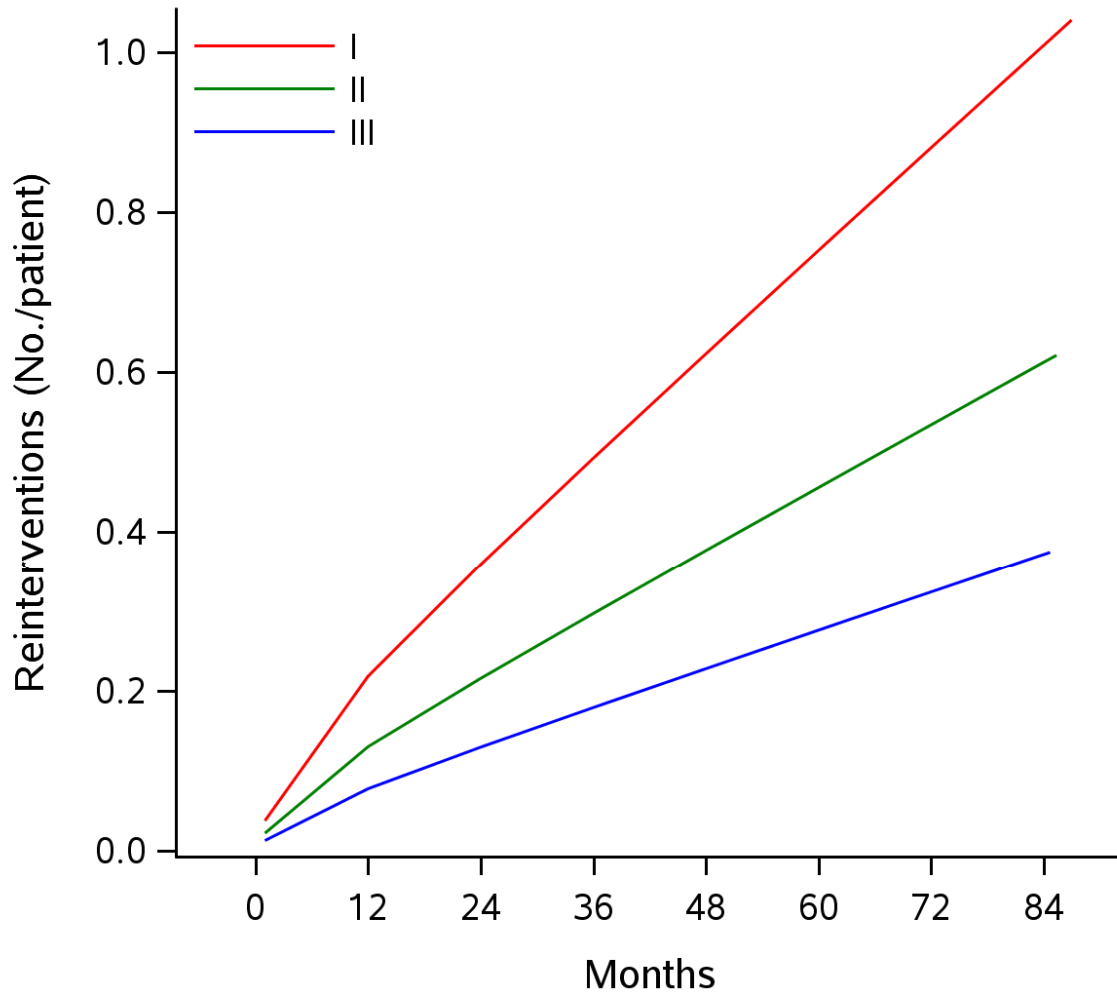
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Background: Laparoscopic Heller myotomy (LHM) provides good palliation for patients with achalasia but, re-interventions are needed. We hypothesized that type III achalasia patients need more aggressive care to assist palliation following LHM than other types. Our aim was to study re-interventions for all Classifications of achalasia after LHM.

Methods: 248 patients underwent LHM from 2006-2013 of which 62 (25%) were type I, 162 (65%) type II and 24 (10%) type III. Median follow-up was 36 months. Yearly surveillance was performed with timed barium swallow and assessment of clinical symptoms unless they had symptoms. Endoscopic re-intervention involved Botox injection to LES, dilation to 20 mm or pneumatic dilation (30-40 mm). . Re-intervention was studied non-parametrically by nelson repeated events method and parametrically by a repeated event decomposition of time varying hazards.

Results: 50 patients had a total of 85 re-interventions: 41 patients underwent endoscopic interventions (36 simple dilation, 17 pneumatic dilation and 6 Botox injections) and 9 patients had surgical re-interventions (5 redo Heller myotomy, 1 esophagectomy, 3 other). By 5 years, re-interventions per 100 patient years for patients with type I Achalasia was 75, type II was 40 and type III was 27 (p=0.37 for early phase and p=0.043 for late phase, figure 1).



	Months							
I	62	52	45	28	17	10	5	2
II	162	129	104	82	56	27	14	1
III	24	24	21	14	8	5	4	1

Discussion: Type I achalasia patients had the highest rate of re-intervention and type III achalasia patients had the least. As such, patient's expectations in achalasia must include the potential for re-intervention with those with worse function (type I) needing more. In light of these findings we recommend routine surveillance

Disclosure: All authors have declared no conflicts of interest.

Keywords: Heller myotomy, achalasia