Laparoscopic Heller's Myotomy
and Anti-reflux Procedure

A laparoscopic Heller's myotomy and anti-reflux procedure is used for treating achalasia**.** Achalasia is an uncommon condition of the esophagus. The esophagus is the food tube that carries food from your mouth to your stomach. In this condition, the lower *esophageal sphincter* (the small muscular layer around the bottom of the esophagus) does not relax. The sphincter is the muscle that keeps the food in the stomach. Also in this condition, the esophagus does not contract in the normal way. This means it does not move the food along normally from the mouth to the stomach.

PROCEDURE

Laparoscopic means that the procedure is done using a **laparoscope.** A laparoscope is a thin, lighted, pencil-sized tube. It is like a telescope. Once you are anesthetized, your surgeon fills your belly (*abdomen*) with a harmless gas (*carbon dioxide*). This makes your organs easier to see. The laparoscope is inserted into your abdomen through a small *incision* (*port*). This allows your surgeon to see into the abdomen. Many surgeons attach a video camera to the laparoscope to enlarge the view. Other small instruments are also inserted into the abdomen through other small openings (ports). The ports allow the surgeon to perform the operation.

The surgeon locates the area of the esophagus to operate. He/she cuts a length of the esophageal muscle. Cutting this length of muscle relaxes the tightened muscle that does not allow food to go down. The surgeon makes sure not to injure the inner lining of the esophagus.

Sometimes a fundoplication is done in addition to the laparoscopy. This is a procedure where the top part of the stomach is wrapped gently around the lower part of the esophagus. It is stitched (*sutured*) in place to create a valve that prevents food from going back up into the esophagus after eating. This helps make the connecting channel between the esophagus and the stomach work more normally.

After the procedure, the gas is released from your abdomen. Your incisions are closed with sutures. These incisions are small (usually less than one-half inch). So there is often minimal discomfort following the procedure. The recovery time is shortened as long as there are no complications. You will rest in a recovery room until you are stable and doing well. If there are no complications, you will usually be allowed to go home.

COMPLICATIONS

Some problems that may occur following this procedure include:

- Infection: A germ starts growing in the wound. This can usually be treated with medicine that kills bacteria (*antibiotics*).
- Bleeding following surgery is a possible complication of almost all surgeries. It is usually minimal following this surgery.
- Sometimes during this procedure, a hole is accidentally made in the esophagus. This is a complication that usually must be repaired immediately.

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