

4th International Conference & Exhibition on **Surgery**

October 05-07, 2015 Dubai, UAE

Outcome of 24 laparoscopic Heller/Toupet vs. 21 Heller/Dor operations for Achalasia after 5 years

Awwadh Althobaiti, Mohammad Mahfouz

King Faisal Medical Complex- Academic hospital of Taif University, KSA

Introduction: the laparoscopic myotomy approach has been proven superior to open and thoracoscopic procedures due to improved visualization, better access to myotomy and great reduction in postoperative pain, morbidity, and mortality. Most surgeons find that performing an antireflux procedure in conjunction with laparoscopic myotomy improve the outcome and does not add significant time or morbidity to the operation and is not associated with increased postoperative Dysphagia. The major controversy surrounding surgical techniques is if an antireflux procedure should be performed, and if so, which one?

Patients and Method: We collected a computerized databank for all achalasia patients who have been operated between Nov. 1998 and March 2005 in our Hospital. We will present now a study for a 5 years follow-up of 45 Achalasia patients, who underwent between 1998 and 2000 a laparoscopic myotomy. As an antireflux procedure we performed a Dor Fundoplication in 21 patients and a Toupet Fundoplication in 24 patients. The mean period of observations was 68 months (60-80). All patients were evaluated through a symptoms score and all of them could be clinically and objectively followed-up.

Results: The mean operation time for both of Heller/Dor (H/D) and Heller/Toupet (H/T) was 189 min (135 - 255). The intraoperative complications were altogether 6 mucosal disruptions without further morbidity and 1 pneumothorax. Postoperative complications after H/D were 1 scarring restenosis and 1 wrap dislocation after H/T. Moreover, analysis of our data showed improvement of symptoms with very good or excellent results in 95.8 % of H/T patients and in 85.7 % of H/D patients. Dysphagia was in both less frequent (4.1% vs. 4.7 % respectively) and less severe (2 vs. 2.76 on a 10-point visual analog scale) in the H/T group. 5.7 % of patients complained of reflux symptoms after H/D comparing with 5.4 % after H/T. The residual LES pressure was 9.1 mm Hg in H/T and 15.2 mm Hg in H/D; which means H/T was more effective in obliteration of the LES. This presentation includes an 8 min. concise video of our standard laparoscopic Heller/Toupet procedure.

Notes:

Notes: