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SURGICAL TECHNIQUE

Laparoscopic Heller myotomy

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KEYWORDS

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Esophageal myotomy is one of the keystone principles of surgical treatment of achalasia. Its objective is to correct the hypertensive non-relaxing lower esophageal sphincter (LES) by dividing the muscular fibers of the esophagus. This technique, however, treats only one aspect of the disease (i.e., cardiospasm), but the other constituent (motor disorders of the body of the esophagus) is not treated by surgery.

The efficacy of surgical myotomy makes it one of the reference treatments of achalasia. The laparoscopic approach is undoubtedly an added benefit for both the surgeon who has an optimal optical view of the esophago-gastric junction and for the patient who benefits from a minimally-invasive procedure.

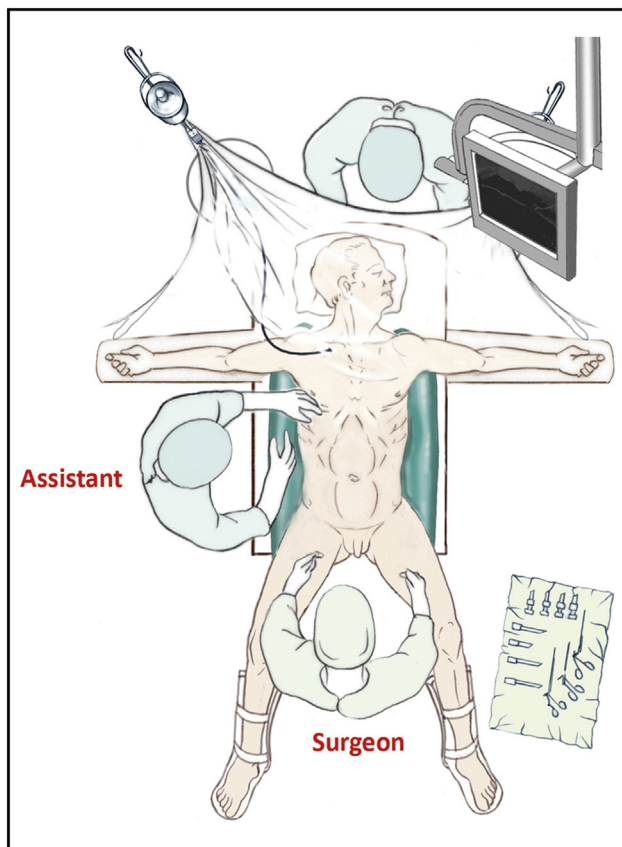
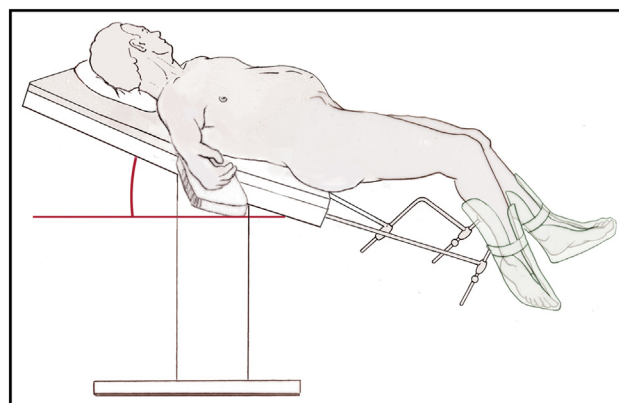
The myotomy should divide both the longitudinal and circular fibers of the lower esophagus but must imperatively be extended distally beyond the cardia to include the initial two or three centimetres of the gastric muscularis. However, this mobilization of the lower esophagus and incision the muscular fibers of the upper stomach exposes the patient to a risk of gastro-esophageal reflux, which therefore requires reconstruction by an anti-reflux procedure.

The principle of the operation described here is a strict anterior (“no-touch”) approach to the esophago-cardial region associated with an intra-operative endoscopic control of the cardia. The goal is therefore to respect the anatomical support structures as much as possible to limit the risks of postoperative reflux.

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1 Patient position and material

The patient is positioned supine, both arms along side, the legs spread apart. The operator stands between the legs of the patient with the monitor above the patient's shoulder and his assistant standing to the left. The patient lies supine, tilted into reverse-Trendelenburg, and is ideally maintained in place on a figure-hugging foam mattress or beanbag, making sure that the patient's shoulders are not stretched cephalad.



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