



AB012. 219. Trouble at the hiatus: complications of laparoscopic Heller's myotomy

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Abstract: Highly effective treatments have been devised to disrupt the lower oesophageal sphincter in patients with achalasia, including endoscopic botulinum toxin injection, pneumatic dilatation, per-oral endoscopic myotomy and Heller's myotomy—both open and laparoscopic. Due to the durable results and safety profile of laparoscopic Heller's myotomy, this has become a widely utilized treatment method in the management of this rare disorder. Intra-operative complications include esophagotomy and pneumothorax, as well as damage to other intra-abdominal

viscera. In this video presentation, we will discuss the cases of two patients who suffered complications of laparoscopic myotomy—one elderly male patient in whom a gastric/oesophageal perforation was inadvertently performed, and one female patient whose surgery was complicated by pneumothorax. The subsequent surgical management of these complications will be discussed, along with our single-center experience of this procedure to date. Laparoscopic Heller's myotomy is a safe and durable method of symptom relief in patients with achalasia. Intra-operative complications are uncommon, and the majority can be managed at the time of surgery with laparoscopic techniques.

Keywords: Laparoscopy; Heller's myotomy; complications; management

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