Patient Information

University Hospitals Coventry and Warwickshire NHS Trust

General Surgery

Laparoscopic Heller Myotomy

About Laparoscopic Heller Myotomy

Laparoscopic is the medical term for keyhole surgery. The Heller Myotomy is a laparoscopic surgical procedure used to treat achalasia under general anaesthetic. Achalasia is a condition of the food pipe (oesophagus) where there is difficulty in swallowing food and liquids. The oesophagus muscles are abnormal and do not work properly and the muscular valve (sphincter) at the lower end of the oesophagus never completely opens, resulting in difficulty moving food between the mouth and stomach. This condition can cause difficulty in swallowing, vomiting, weight loss, malnutrition and dehydration.

What does the procedure involve?

This is a surgical operation which involves making about five small cuts (incisions) in the abdomen to insert a telescope (camera) and some instruments. The abdomen is filled (inflated) with gas to allow access to the organs in the upper abdomen. Most of the gas will be removed at the end of the operation. Stitches and/or paper strips will be used to close the skin wounds.

This procedure divides the muscles of the lower oesophagus (called a myotomy) for approximately 8-10 centimetres. The top of the stomach is then wrapped around the lower oesophagus to reduce the reflux of stomach contents back up into the oesophagus.

It is important to be aware that in a small number of cases the operation cannot be completed by keyhole surgery. In these cases the surgeon will need to proceed to an ‘open’ operation. This will require a larger incision in your abdomen and will result in a longer hospital stay.

How long will I be in hospital?

This procedure is normally carried out as an overnight stay and a special swallow test will be performed in the X-ray department the next day.

Intended benefits of the procedure

Having this procedure by keyhole surgery reduces the recovery time and length of hospital stay. The procedure aims to:

- Relieve symptoms of difficulty with swallowing and vomiting
- Reduce the risk of further weight loss and malnutrition

It is important to understand that although your symptoms will improve significantly, you may still have some symptoms after the operation, as your oesophagus is still abnormal and does not contract normally.

What are the risks?

As with all operations, there is a small chance of complications. The risk of these is assessed on an individual basis depending upon each patient's fitness and this should be discussed with your specialist prior to surgery. However, overall this is a very safe operation. You should be aware that there is a small possibility of:

- Bleeding including aortic injury which is very rare but may lead to open surgery or endovascular interventions
- Perforation of the oesophagus or stomach; bowel/spleen/liver injury; gas entering the chest cavity (pneumothorax) – these are rare complications
- Conversion to open procedure with a long incision
- As with all operations there is a risk of wound infection, chest infection and deep venous thrombosis (DVT) or pulmonary embolism (PE).
- Hernia (weakness) may develop around one of the wound sites
- Reflux

Side effects of surgery

You will need to eat more slowly and take longer to chew your food. Some patients suffer from difficult in swallowing, stomach bloating (called gas

bloat), increased passage of wind (flatulence), feeling full quickly (early satiety) and weight loss. Most of these side effects are temporary (up to 3 months). You may also find that you are not able to burp or vomit easily after this operation.
Long-term side effects are uncommon; occasionally there can be a recurrence of reflux symptoms after a few years, though this is not common.

When will my surgery be?

The date of your surgery will be posted to you by the consultant's secretary.

Before your operation

On the ward

Before your operation you will asked to wear a gown and anti-embolism stockings. These will reduce the risk of any blood clots developing in your leg.

In the operating theatre

The anaesthetist, operating department practitioners and nurses are likely to be present. An intravenous drip may be inserted. Monitoring devices will be attached to you, such as a blood pressure cuff, ECG leads (heart monitoring leads) and a pulse oximeter. A pulse oximeter is a peg with a red light, which is placed on your finger. It shows how much oxygen you have in your blood and is one of the monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe.

After the operation

- You will wake up in the recovery room after your operation. You will have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- After this procedure, most people will have a small, plastic tube (cannula) in one of the veins of the arm. This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to drink by yourself.

- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to the ward.
- Sometimes, people feel sick or vomit after an operation, especially after a general anaesthetic. If you feel sick it is important to tell the nurse who will administer medicine to make you more comfortable.
- Immediately after the operation there will be discomfort in your shoulders from the distension of your tummy by the gas used during your operation. There will also be discomfort from the small cuts in the skin of the tummy, but this is well controlled with simple pain-killers. All the wounds are closed with stitches and/or paper strips. The nurses will tell you if and when the stitches need to be removed at your GP's surgery.

Once you are fully awake you will be taken to the ward to recover before you are accompanied home. Do not expect to feel completely normal immediately!

Eating and drinking

- You cannot eat or drink until the following day, after you have had a special X-ray swallow test to confirm no perforation of the oesophagus
- You will then be allowed anything to drink first, and then you should **eat a very soft "sloppy" diet** for approximately 2 weeks. This may include liquidised soup, smooth yoghurt, ice cream, custard, nutritious drinks, jellies, porridge and scrambled eggs
- You may experience swallowing difficulties over the first 5-7days before they start to improve, this is normal
- Eat slowly, take small mouthfuls and chew well before swallowing
- Gradually increase more solid foods such as pasta, mashed potatoes or other vegetables, and mince, as you feel able. This may take a few weeks
- **Avoid bread/toast, chips, chunky meat or vegetables** until you are happy that you can tolerate swallowing softer foods
- It is advisable to drink plenty of water and **avoid fizzy drinks** as these will make you feel bloated

Getting around and about

Patients are encouraged to get out of bed and walk around, on the day of your surgery. This will reduce the risk of complications such as clots in your leg and chest infections. Please continue to wear the anti-embolism stockings (white tights) provided for the first few days, until normal mobility is resumed.

Pain relief

You will be advised to **take regular painkillers** for the first few days, this is important to achieve a good recovery from your operation. Always read the patient information leaflet that comes with the medication and do not exceed the recommended dose.
Shoulder tip pain is best relieved by changing position and gentle movements; this is normally caused by some gas left behind following surgery and will gradually disappear within a few days.

Discharge home

When will I go home?

You can expect to leave hospital the following day. The actual time that you stay in hospital will depend on your general health and how quickly you recover from the procedure.
You will need to be accompanied home and have a responsible adult to care for you.

When can I resume normal activities including work?

It will take 7 to 14 days to recover at home and most people are back to their normal activities within 3 weeks. A doctor's sick note will be given to you before you go home and your GP will provide any additional sick notes.

Driving: You should not drive for at least 7-10 days after surgery. You must be confident in performing an emergency stop before you drive. However, you should let your insurance company know you have had an operation. You cannot legally drive within 48 hours following a general anaesthetic.

How do I care for my wound?

- If you have woven fabric dressings please remove this dressing in 48 hours and do not get wet. Do not remove the narrow paper strips for 7 days.
- However, if you have a shiny dressing this is waterproof so you can bath and shower. Please remove this dressing in 7 days along with the narrow strips.
- Keep your wound clean and dry, by bathing and showering every day. If you do not have a waterproof dressing, please dry your wounds carefully by dabbing with a soft towel; a “cool” hair-dryer works well.
- Most stitches do not need removing. The narrow paper strips will need to be gently peeled off in five days. You will be advised if you do require stitches to be removed.
- Please visit your GP practice nurse approximately seven days after your operation to check your wound and remove any stitches.

Will I have a check-up?

An **out-patient clinic** appointment is usually made for **approximately 2-3 months** after surgery. The Laparoscopic Specialist Nurse may phone you during the first few days at home to check that all is well. Your GP can provide additional pain relief and advice if necessary. You should make an appointment for the practice nurse to check your wounds.

What if I have any problems at home?

If you experience any of the following problems whilst you are at home please immediately contact your own GP for minor wound problems or queries, or contact the Surgical Admissions Unit (SAU) ward 22 on 024 7696 6186 for all other problems.

- Difficulty swallowing especially after the first week
- Vomiting
- Severe pain
- Fever (39ºC)
- Increased abdominal swelling
- Bleeding at wound site

- Infection
- An oozing wound
- Reluctance to drink
- Poor urine output
- Difficulty passing urine
- Persistent cough or shortness of breath

Tell us about your experiences from your stay?

We are committed to improving our services and would like to hear your experiences about your stay with us. If you would like to make any comments, compliments or complaints regarding our services at the hospital please use this web link
www.uhcw.nhs.uk/contact-us

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact us on 024 7696 5931 and we will do our best to meet your needs.

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