EDUCATION

Achalasia

Allina Health

Achalasia

First edition

Developed by Allina Health.

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Achalasia

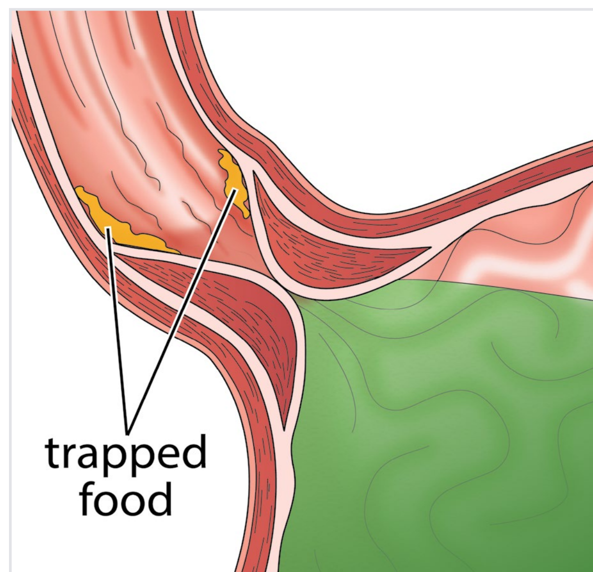
Achalasia is a disorder of the esophagus. Achalasia happens when:

- The esophagus loses its ability to contract to push food into the stomach.
- The lower esophageal sphincter (LES) tightens and doesn't relax. The LES is a ring of muscle between your esophagus and your stomach.
- When this happens, food gets stuck within your esophagus. The cause is unknown.

Symptoms

Symptoms happen slowly and over time. They include:

- trouble swallowing
- regurgitation (of food or liquid trapped in your esophagus)
- chest pain
- heartburn (caused by fermentation of trapped food in your esophagus)
- weight loss
- a full feeling in your chest
- hiccups
- trouble burping.



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A tight lower esophagus muscle may cause food to become trapped and you may have difficulty swallowing.

Diagnosis

Your health care provider may want you to have one or more of the following tests.

- **esophageal motility test (esophageal manometry)**
  This test measures how the muscles in your esophagus move and how well your LES relaxes when you swallow. You will be awake for this test.
- **barium Xray (esophagram)**
  X-rays are taken while you drink a chalky liquid (barium). You may also need to swallow a small (13 millimeter) barium pill to see if it passes from your esophagus into your stomach. This test can show if your LES is tight and if barium stays in your esophagus. You will be awake for this test.
- **upper endoscopy (EGD)**
  This exam is done using a flexible tube (scope). Your health care provider passes the tube through your mouth, into your esophagus and down into your stomach and duodenum. This test looks to see if your esophagus is narrow or your LES is too tight. You will be given medicine that will make you sleepy during this test.

Treatment

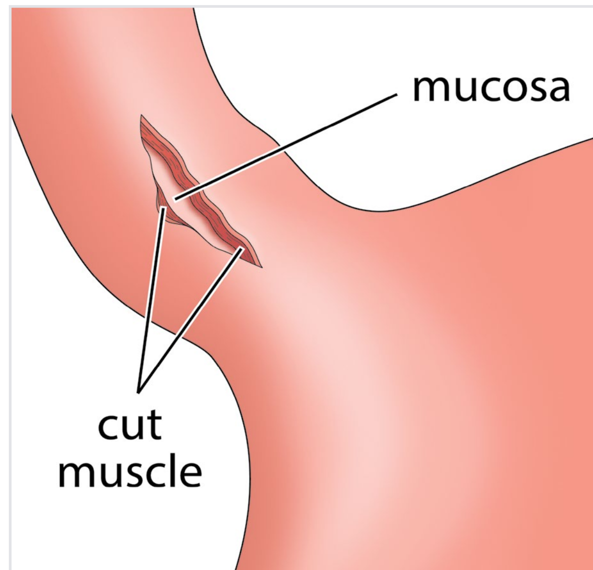
Your health care provider may refer you to a gastroenterologist if you do not have one. You may also be referred to a surgeon for possible treatment options. Your surgeon and gastroenterologist will work with you to find a treatment plan that is best for you.

Treatment options:

- **Medicine**
  Nitrates and calcium channel blockers can help relax a tight LES.
- **Botulinum toxin injection (BOTOX®)**
  This medicine is injected into your LES during an upper endoscopy. BOTOX will relax the LES. The injection may need to be done more than once.
- **Pneumatic dilation**
  This treatment is done with an upper endoscope. A small balloon is placed across your LES. It is then filled with air, which stretches and relaxes the LES muscle. This treatment may need to be done more than once.
- **Surgery.**
  Two types of minimally-invasive surgery can be done to help you swallow: Heller mytomy (with or without Dor fundoplication), and peroral endoscopic myotomy (POEM). See pages 8 to 10 for more detail on each type of surgery.

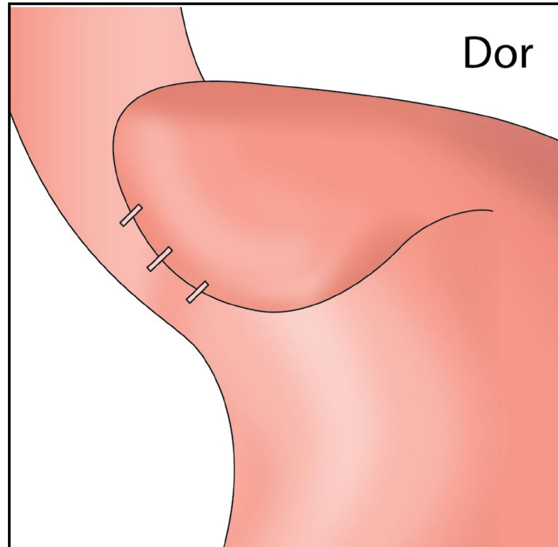
— **Heller myotomy (laproscopic or robotic surgery)**
If you have trouble swallowing or food becomes trapped in your esophagus, your surgeon may recommend Heller myotomy surgery.

Your surgeon will use small surgical tools to cut and relax the muscle fibers of the LES. A Dor fundoplication (see next page) is often done at the same time to reduce reflux.



During a Heller myotomy your surgeon will make a cut in your muscle in your lower esophagus to relax it and help you swallow.

— **Dor fundoplication surgery**
Your surgeon may wrap a small part of your stomach around your esophagus. This makes it harder for contents from your stomach to flow back into your esophagus.

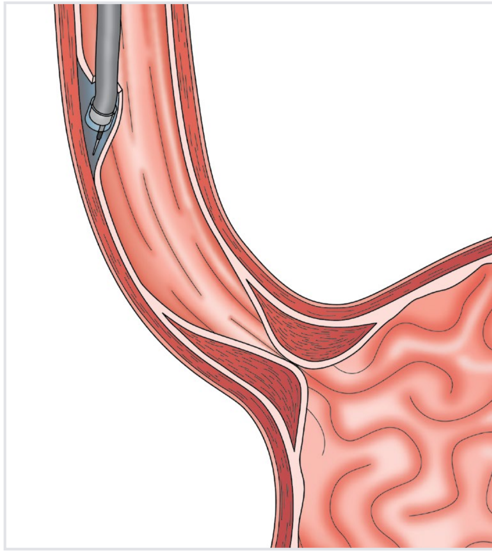


A Dor fundoplication is sometimes done along with a Heller myotomy to reduce reflux after the LES is cut.

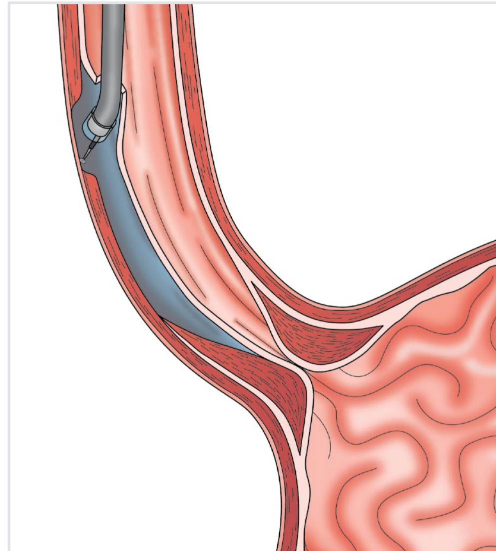
— **Peroral endoscopic myotomy (POEM)**

This surgery will help relax a tight esophagus without making an incision in your abdomen. Instead your surgeon will use a flexible endoscope to make a tunnel between the lining and outer muscle layer of your esophagus.

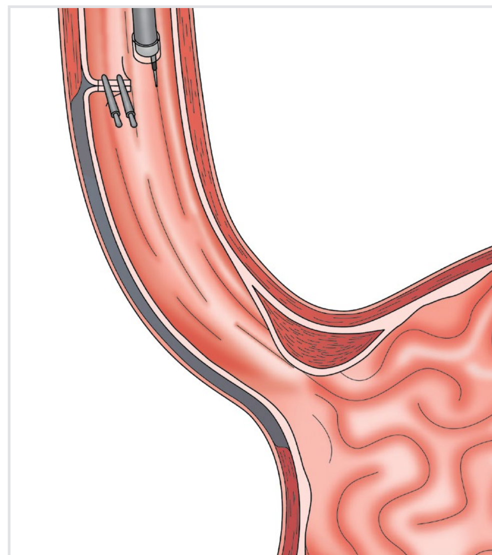
The muscle is cut to relax it and help you swallow more easily. Then the opening of the tunnel is closed with clips. These clips will fall off over time.



During POEM, an incision is made in the inner layer of your esophagus.



A tunnel is made in the wall of your esophagus. The muscle is then cut and divided.



The incision is closed with clips.

After Surgery

After surgery, your surgeon may request an X-ray of your esophagus (esophagram) to ensure that there is no leak from surgery. You may have some swelling in the LES.

The diet plan you start with will depend on your symptoms after surgery.

In general, you will start with a clear liquid diet, move to a full liquid diet, then a soft food diet. Follow your diet guidelines carefully. You should return to a normal diet in about 3 to 4 weeks after surgery. Ask your health care provider if you have questions.

Follow these tips as you heal after surgery:

- Do not overeat.
- Take small bites and chew well before you swallow.
- Do not eat or drink the following until you talk to a member of your surgery team:
  - bread
  - big pieces of meat
  - raw vegetables
  - carbonated drinks
  - very hot or very cold beverages. These can cause esophageal spasms that can cause chest pain
  - foods that you had problems with before surgery. Once you are able to tolerate other food, add these foods back slowly to see how you tolerate them.
- Try new textures of food early in the day so you can call your health care provider if you have problems.
- Crush your pills for 2 weeks after your surgery. This will help you swallow your pills more easily.

Manage Your Pain and Discomfort

- It is important to walk and stay active. Try to walk at least 30 minutes a day.
- Take Tylenol® (acetaminophen) or Advil® (ibuprofen) for pain. Call your health care provider if you have pain that gets worse or doesn't get better.
- Constipation is common. You may take an over-the-counter liquid laxative such as Milk of Magnesia®, MiraLAX® or magnesium citrate.
- You may have a prescription for narcotic pain medicine for just a few days. Follow the directions carefully. You may drive 24 hours after your last dose of narcotics.
- You may take over-the-counter medicine such as GasX® if you have stomach cramps or bloating.

Return to Work After Surgery

Your return to work depends on the type of surgery you had and the kind of activities you do at work. Talk with your surgeon or nurse about when it is OK for you to go back to work.

In general, you can return to work about 1 to 2 weeks after surgery.

When to Call Your Health Care Provider

Call your health care provider right away if you have any of these symptoms:

- nausea, vomiting, or hiccups that last longer than 1 hour
- you are suddenly unable to swallow or keep down liquids or saliva.

Contact the clinic if you have these symptoms within 3 months of surgery:

- symptoms that come back
- swallowing problems that are not improving
- abdominal pain that is not due to your incision, general cramping or passing gas
- a temperature of 101 F or higher
- increased pain or tenderness that can't be relieved with rest or pain medicine
- signs of infection at your incision site:
  - pain
  - swelling
  - redness
  - green or yellow discharge
- problems breathing.

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