

Patient information factsheet

POEM treatment for achalasia

We've written this factsheet to give you more information about having a POEM (per-oral endoscopic myotomy) to treat achalasia. It explains what achalasia is, what the procedure involves and what the possible risks of having the procedure are.

Please make sure you read this information and follow the instructions carefully before your procedure. If you have any further questions or concerns, please speak to a member of the endoscopy team who will be happy to discuss these with you.

What is achalasia?

Achalasia is a rare disorder of the food pipe (oesophagus), which can make it difficult to swallow food and drink. For more information please visit www.nhs.uk/conditions/achalasia

There is no cure for achalasia, but treatment can help relieve the symptoms and make swallowing easier.

What is POEM?

POEM is an endoscopic procedure (a procedure where organs inside your body are looked at using an instrument called an endoscope) performed by a specially trained consultant to treat achalasia. The procedure is usually performed under general anaesthetic (you will be asleep), as it is important for you to be still and comfortable throughout the procedure. During the procedure, we will inject fluid into the lining of your oesophagus to lift it away from the underlying muscle. Using heat energy, we will make a small tunnel down to the junction of your oesophagus and stomach. We will then cut the inner ring of muscles which is causing the swallowing issue. Finally we will close the tunnel with clips. In some forms of achalasia (with spasm), we may need to cut muscles farther up in the oesophagus than usual. POEM can be performed even in cases where surgery or dilatation has been unsuccessful.

This procedure will be performed through an endoscope, so no external scars will be left. It will take approximately two to three hours (depending on the type of achalasia and scarring). An anaesthetist (a specially trained doctor) will carefully monitor you during the procedure.

What are the alternative treatments?

It is important to treat achalasia, as otherwise your symptoms will only become worse and more difficult to treat over time. Other treatment options are available for achalasia and your specialist will discuss these with you. All treatments (Botox, dilatation, Heller's Myotomy and POEM) are available at UHS. If you have any concerns about POEM, please discuss these with your consultant.

What are the potential risks?

In some cases we can't perform the procedure because of scarring in the oesophagus, but this is rare. If it happens, we will discuss alternative options with you.

Patient information factsheet

After the procedure, you may experience some chest pain. You may also feel bloated and experience some swelling in your tummy (abdomen), chest wall, neck and face. The discomfort and swelling will usually disappear on its own within 24 hours, but sometimes it can last a few days. We will manage your symptoms with painkillers and anti-sickness medication. Very rarely, gas and fluid may collect around your lung. This will need to be drained and may result in a longer stay in hospital.

There is also a rare risk of chest infection after the procedure. We will give you antibiotics to minimise this risk.

Other risks that can occur include:

- a leak from the bowel (perforation)
- bleeding

These risks are rare (5 in 100 cases) and can often be treated at the time of the procedure. Occasionally an operation may be necessary.

There is also a chance (10 to 20 in 100 cases) that you may experience reflux-type symptoms after the procedure. When you leave hospital, we will give you acid-reducing medication, such as orodispersible lansoprazole.

How should I prepare for my treatment?

Diet

We will ask you to follow a liquid diet for three days before your procedure and then change to a clear-fluid only (only fluids you can see through) diet the day before your procedure.

You should not drink anything for four hours before the procedure.

Please be aware that if we notice food in your oesophagus on the day of your procedure and it cannot be removed, the procedure will have to be stopped and postponed. We will then need to arrange a longer period of fasting (not eating). If you lose too much weight or show signs of being malnourished, we may insert a thin tube via your nose into your stomach to help with your feeding for a few weeks before we arrange another procedure.

Medication

We will not be able to perform any of the achalasia treatments if you take blood-thinning medication. All blood thinners must be stopped at least one week before your procedure. Please discuss this with your specialist, GP or cardiologist before stopping any of your usual medications. You may be advised to take a different blood-thinning medication that will reduce the risk of bleeding.

After the procedure

You will need to stay in hospital for observation for at least one night. You will not be able to have anything orally (through the mouth) until you have had a swallow test the next day. This is to check that the muscle is intact (not damaged) and there is no leak. You will be able to go home once we are happy with your test results and you are able to drink fluids without discomfort.

You will need to keep to a liquid diet for one week, then a puree diet for two weeks and then a soft diet for three weeks. We will explain this to you and give you dietary information to take home. We will also prescribe you antibiotics to take for a few days after the procedure and

Patient information factsheet

acid-reducing medication (lansoprazole) to take for six weeks to help speed up the healing process and reduce the chance of infection. We will also give you anti-sickness medication for up to a week.

Contact us

If you have any concerns after the procedure, please contact the upper GI nurse practitioner.

Telephone: **07768 447611** (Monday to Friday, 8am to 4pm)

Outside of these hours, your call will be answered by the senior nurse within surgery.

Please call the nurse practitioner on the above number and attend your nearest emergency department immediately if you develop:

- severe pain in the abdomen or chest
- unexplained swelling in the neck or chest

Please also bring a copy of your procedure report with you.

For a translation of this document, or a version in another format such as easy read, large print, Braille or audio, please telephone **023 8120 4688**.

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalneeds**