are associated with very low overall morbidity and mortality and are feasible options for elective inguinal hernia repair.

The outcomes of 400 laparoscopic Heller-Dor operations (LHD) for esophageal achalasia

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INTRODUCTION: We introduced the first case of LHD in August 1994, and reduced port surgery (RPS) in March 2010. We experienced over 400 operations by December 2013. Outcomes of LHD in 400 patients at a single institution were evaluated.

METHODS: Mean age was 44.6 (9-83) years, 189 (47%) were women. These patients were divided into 4 groups: very early, early, mid, and late groups. The clinical pathway was introduced from August 2008 (62nd case). Six and 20 patients underwent RPS in both mid and late group, respectively. Their clinical data were collected in a prospectively fashion and retrospectively reviewed. Their characteristics, preoperative clinical conditions, and the therapeutic outcomes of LHD were assessed in terms of gender, age, length of symptoms, morphologic type, the maximum horizontal diameter of the esophagus (Grade I [<3.5 cm], Grade II [≥3.5 cm but < 6.0 cm], and Grade III [≥6.0 cm]), operation time, blood loss, perioperative complications, time to start oral intake (TSOI), postoperative hospital stay (POHS), and the incidence of postoperative reflux esophagitis (PORE).

RESULTS: No operative mortality occurred. No significant differences were identified in the patients’ characteristics and preoperative clinical conditions. The mean operation time of the late group was significantly longer due to RPS, but there were no significant differences in the mean blood loss, perioperative complications and the incidence of PORE. TSOI and POHS of the very early group were significantly longer than those of the others groups.

CONCLUSIONS: The outcomes of LHD are acceptable and fairly constant over time.