

Up Next.....

Dr. Mohan Ramchandani MD DM

- Director of interventional endoscopy at AIG hospitals at Hyderabad,
- Joint Secretary of Society of GI Endoscopy of India
- Adjunct Faculty at Manipal University
- More than 100 international Publications



Dr. Mohan Ramchandani
Director of interventional
endoscopy
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Difficult POEM



Mohan Ramchandani

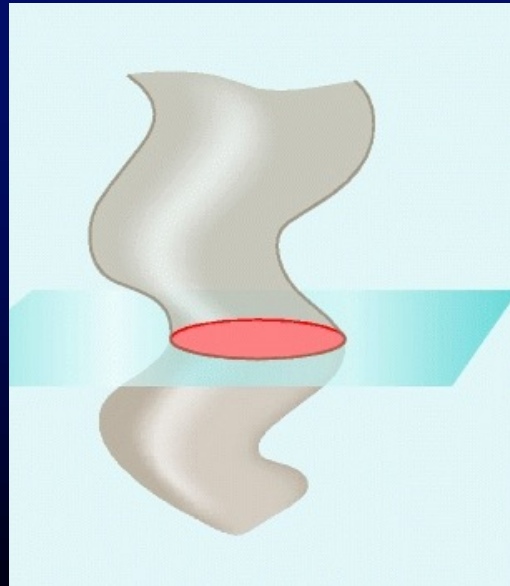
Asian Institute of Gastroenterology
Hyderabad, India.

Difficult POEM

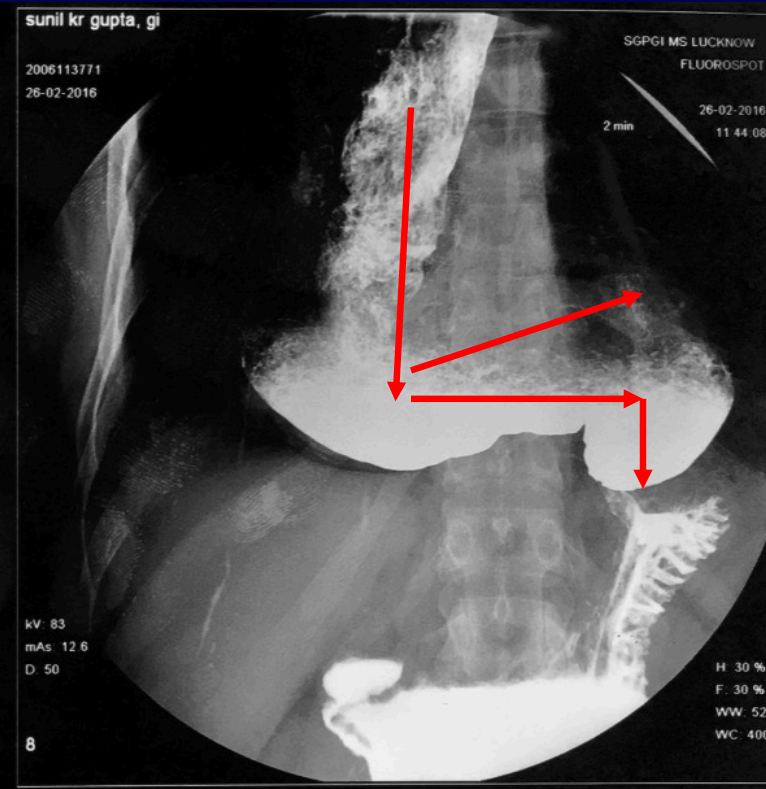
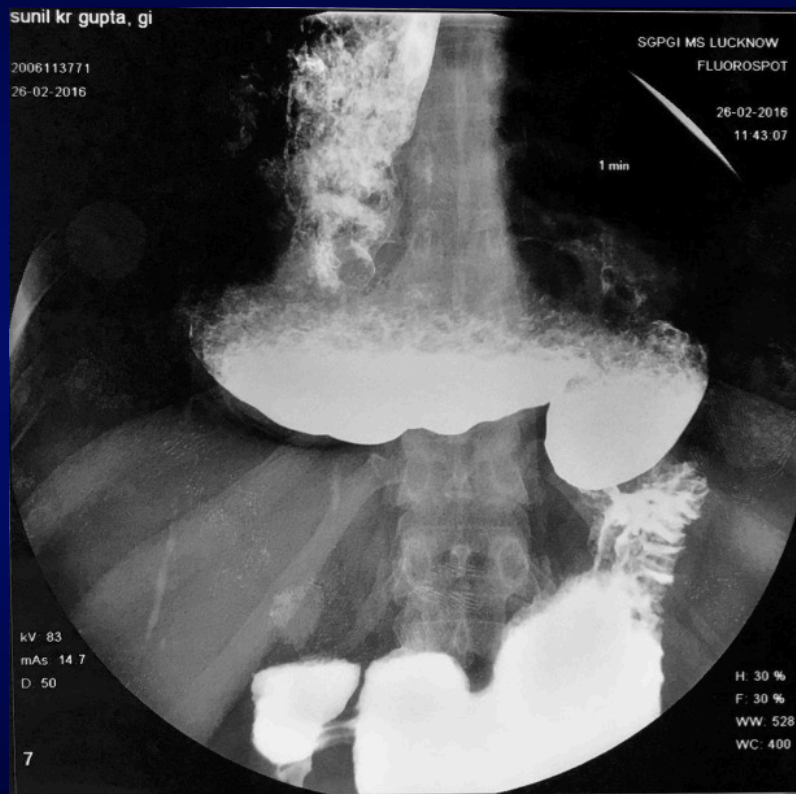
- Sigmoid esophagus
- Submucosal Fibrosis
- Jackhammers Esophagus
- Esophageal Diverticulum

Sub mucosal dissection in tortuous esophagus

Guide wire assisted POEM in sigmoid achalasia



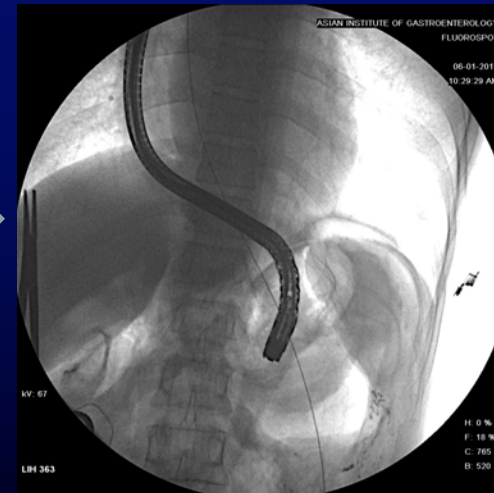
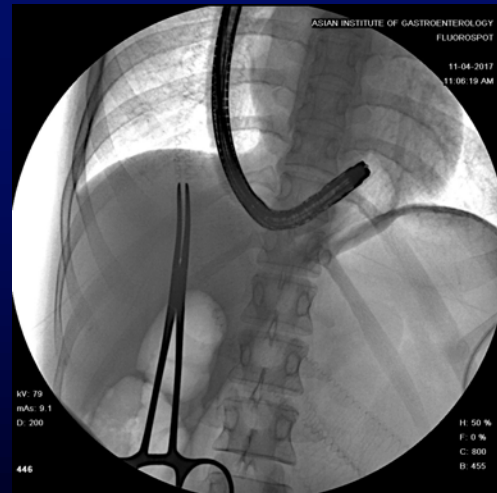
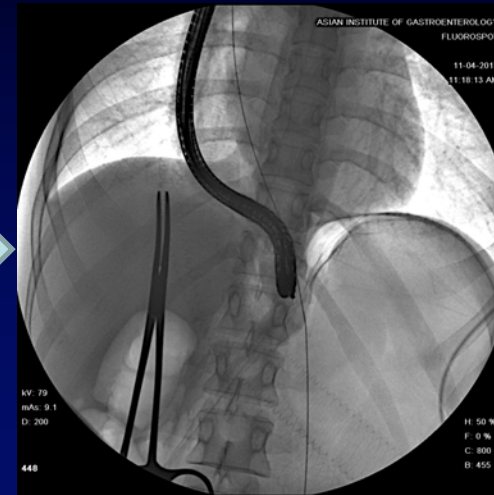
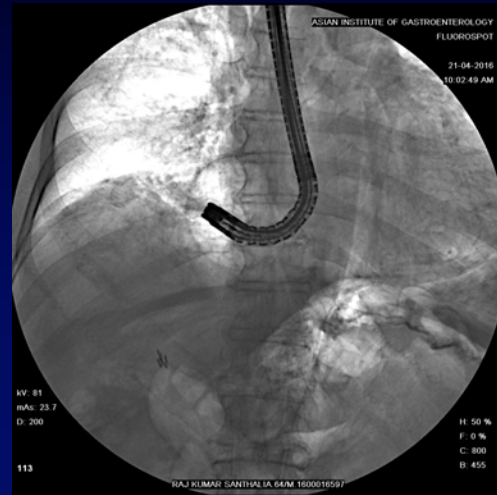
Sigmoid esophagus



Submucosal Dissection in tortuous Esophagus “Lost in tunnel”

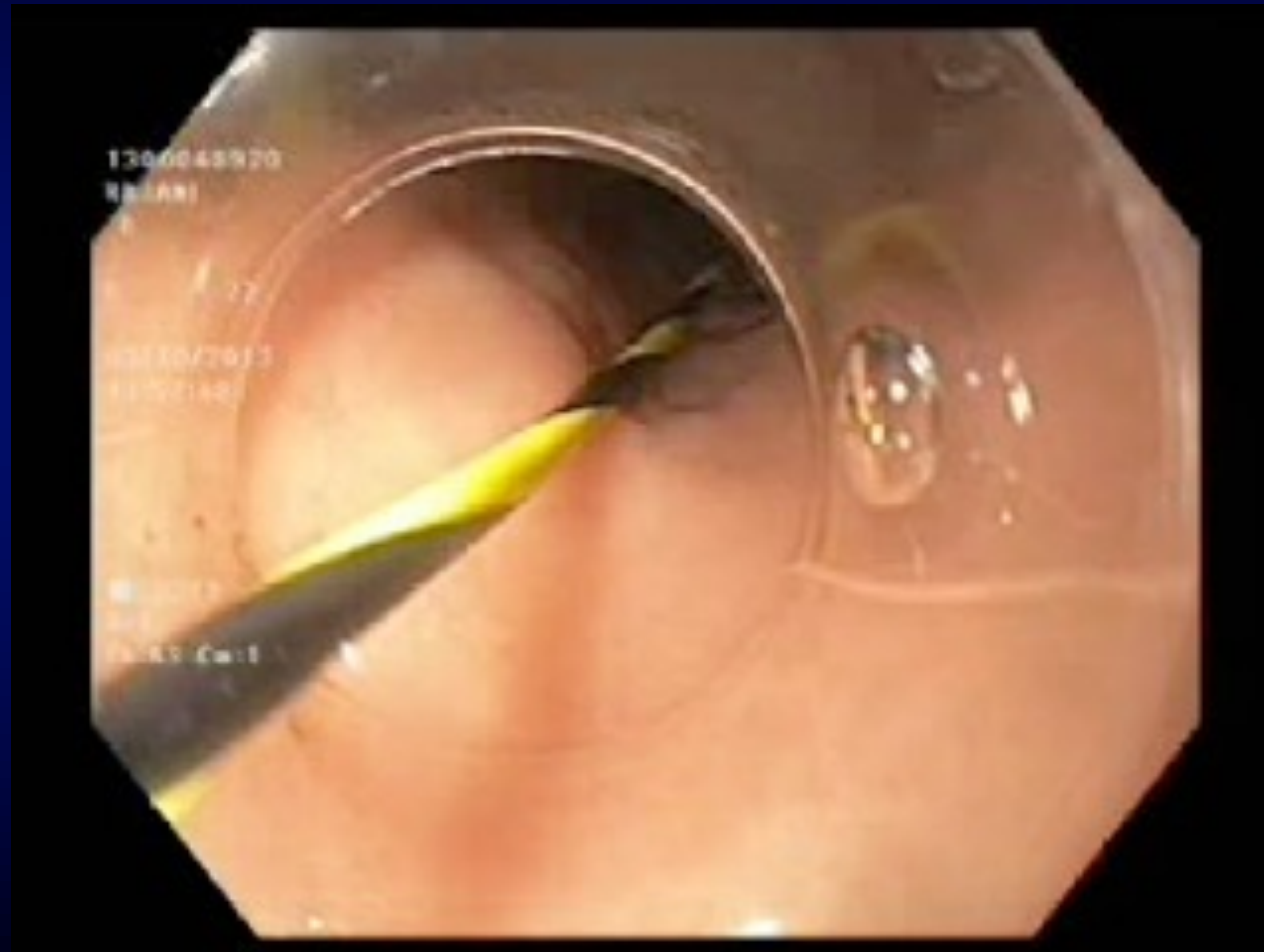


Getting Lost in the Tunnel

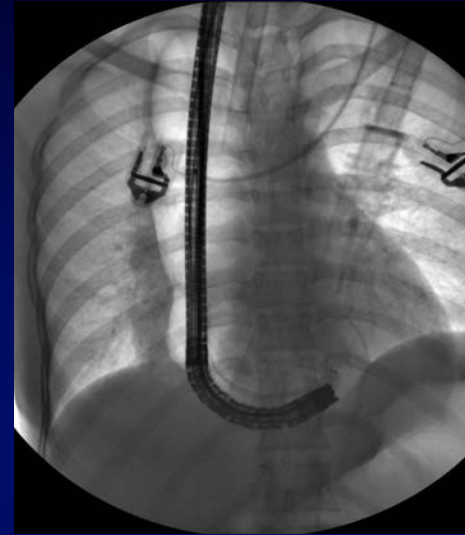


Guidewire Technique

Guidewire



Re-route





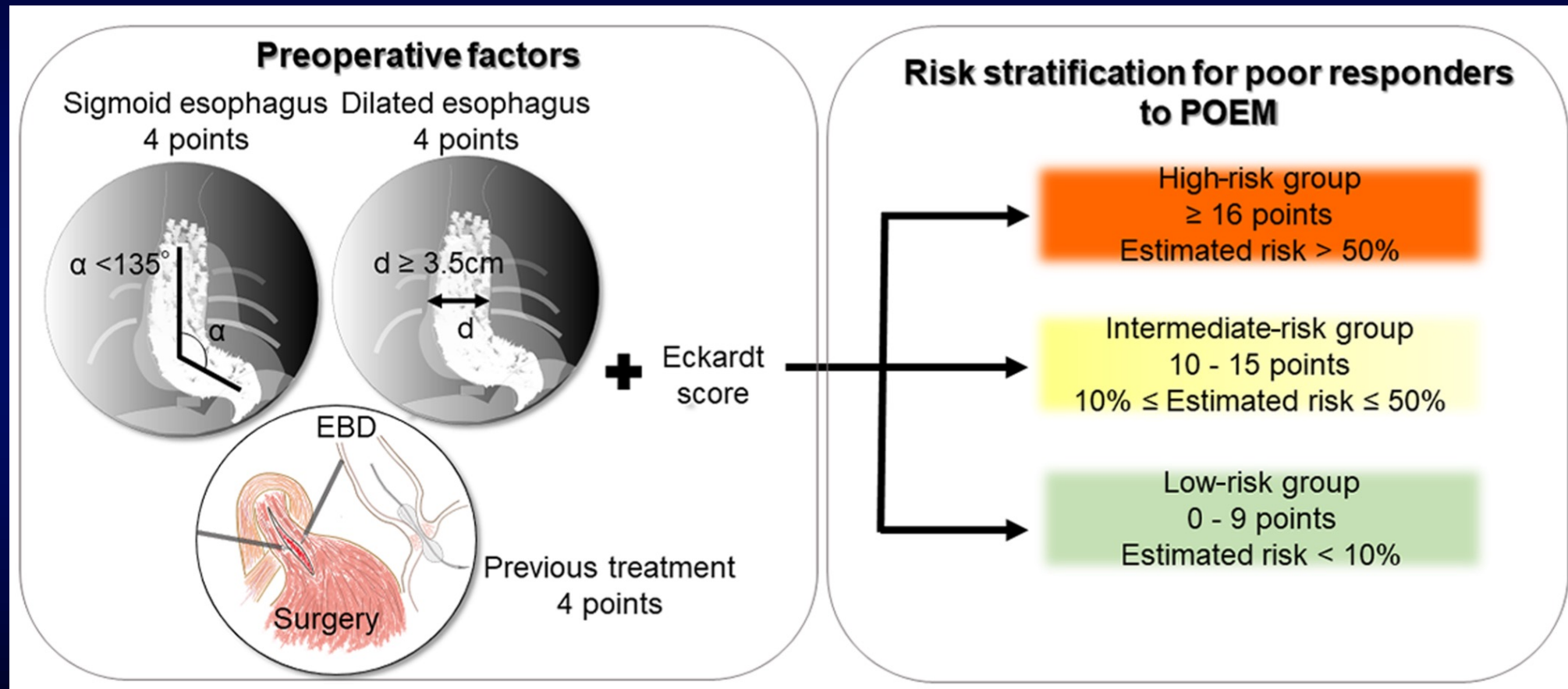
Outcomes of Per-oral Endoscopic Myotomy in Sigmoid and Advanced Sigmoid Achalasia

Zaheer Nabi¹ • Mohan Ramchandani¹ • Jahangeer Basha¹ • Rajesh Goud¹ • Santosh Darisetty¹ • D. Nageshwar Reddy¹

Conclusion

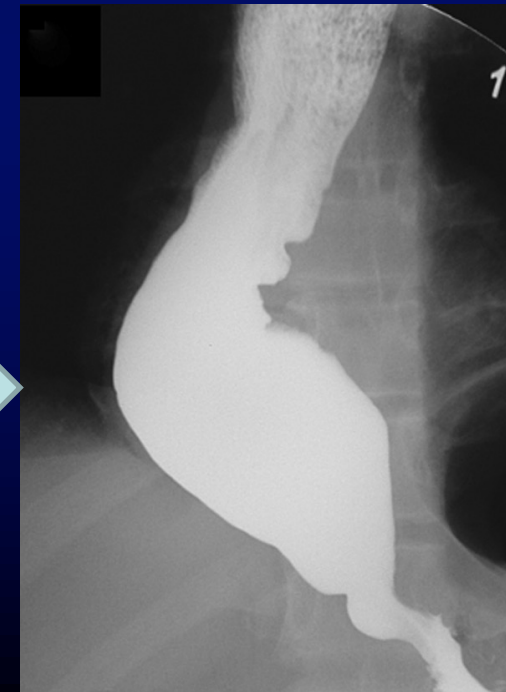
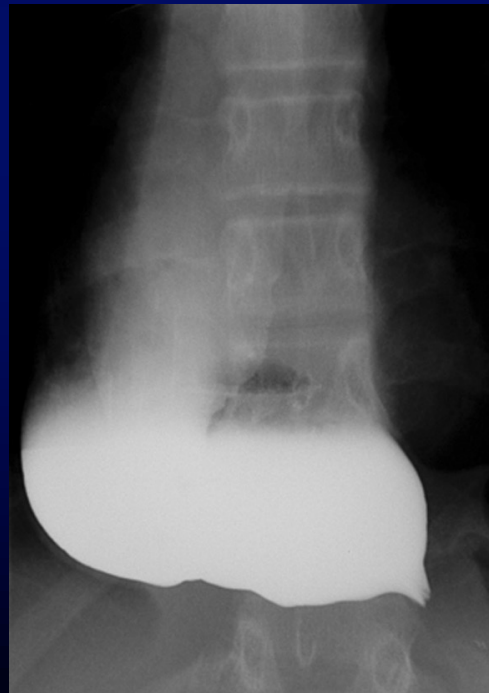
POEM is an effective alternative to HM in cases with sigmoid achalasia. Longer duration of symptoms may be associated with symptom relapse. Relative deterioration in symptoms and high incidence of GERD demand close follow-up of these patients after POEM.

Poor Responders



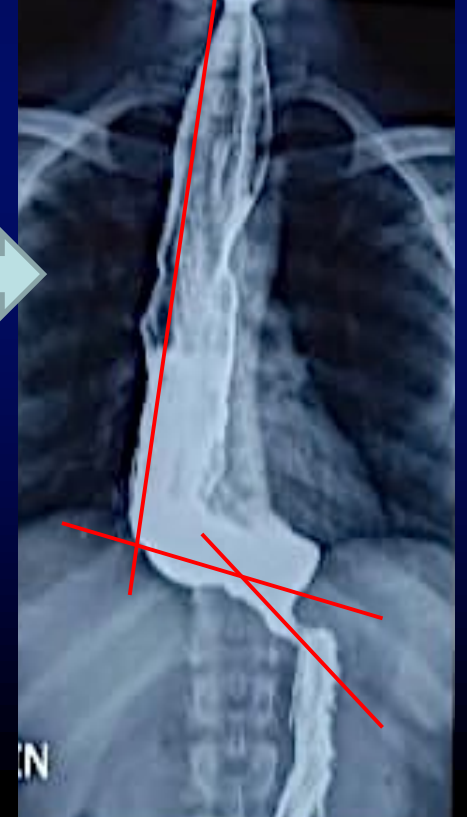
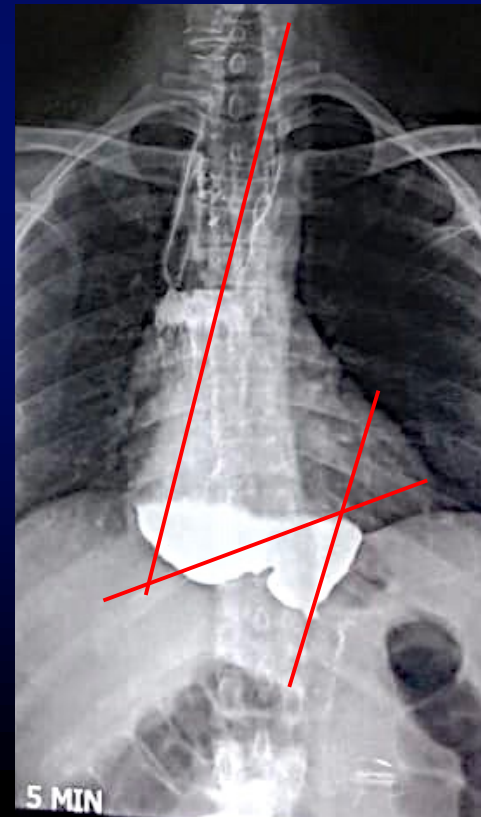
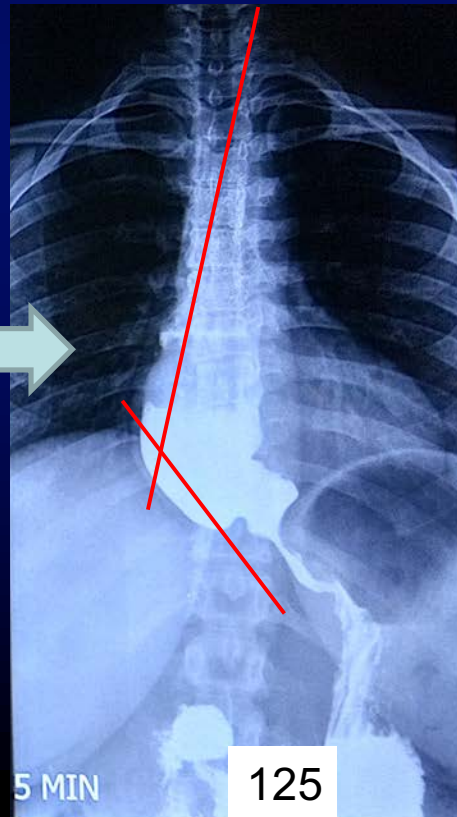


Morphologic Restoration After Peroral Endoscopic Myotomy in Sigmoid-type Achalasia



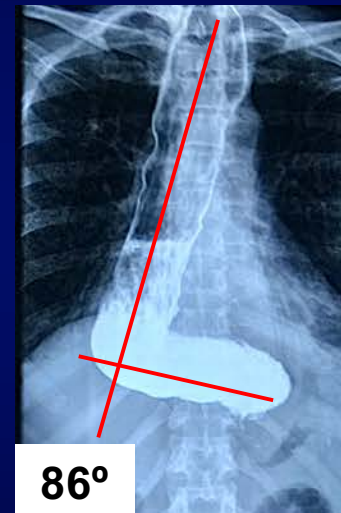
Quantification of Esophageal Angulation in Sigmoid Achalasia: Are We There Yet?

Zaheer Nabi * and D Nageshwar Reddy
Asian institute of Gastroenterology, Hyderabad, India

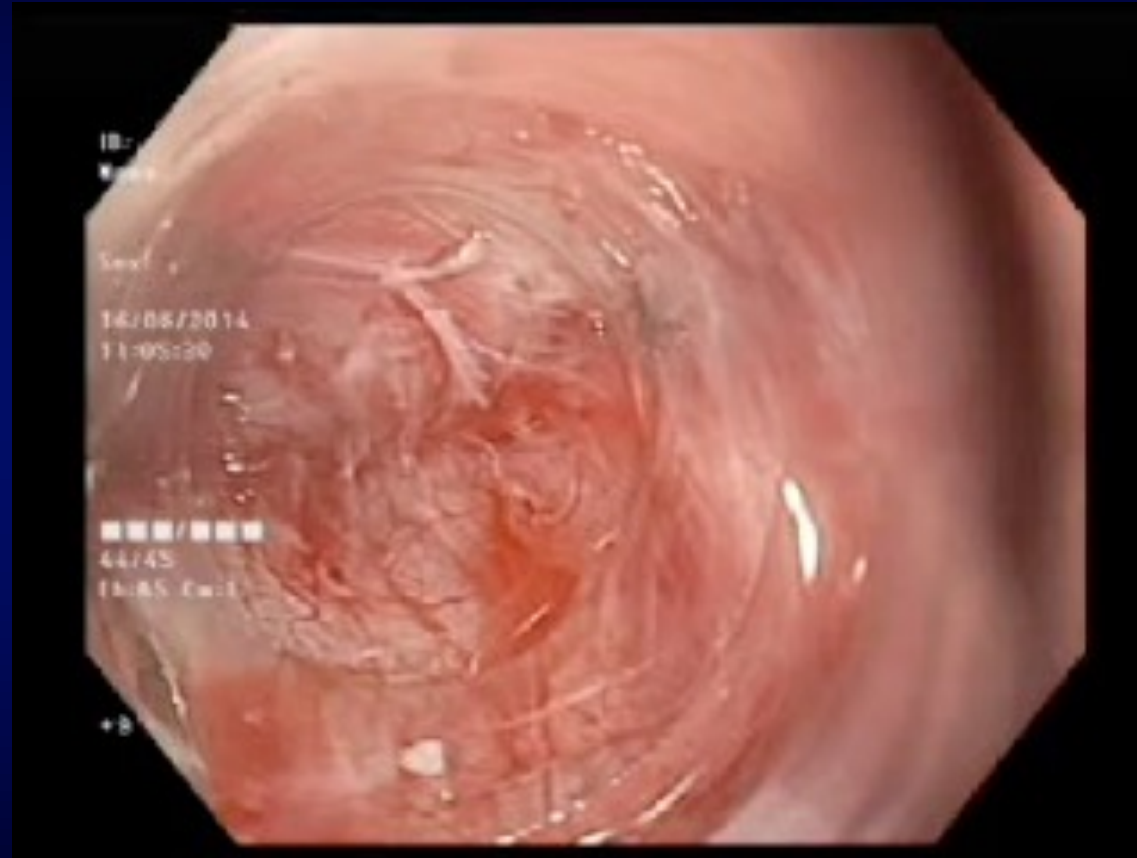


POEM in Sigmoid Achalasia: Take Home Message

- Avoid/ delay if severe stasis esophagitis
- Avoid excess coagulation
- Be prepared for double tunnel
- Guidewire technique if lost
- Re-look endoscopy in selected cases
- Objective Success: look for angles



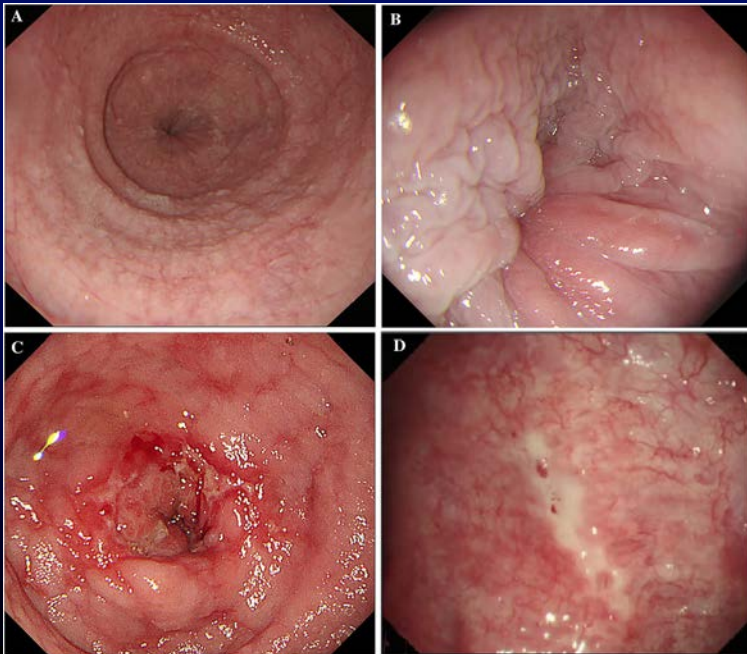
POEM – Submucosal fibrosis



New endoscopic classification of esophageal mucosa in achalasia: A predictor for submucosal fibrosis

Xiuxue Feng, Enqiang Linghu, Ningli Chai, Hui Ding

Department of Gastroenterology, Chinese PLA General Hospital, Beijing, People's Republic of China

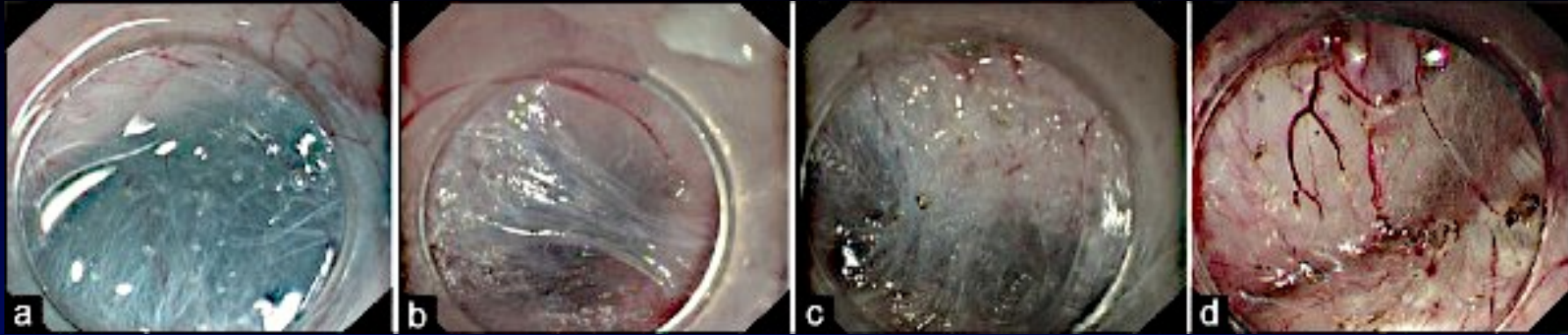


A. Granular mucosa without obvious vascular texture

B. Mucosa is pachyptic, striated, or like sulcus

C. Ulcer in the mucosa

D. Scar in the mucosa

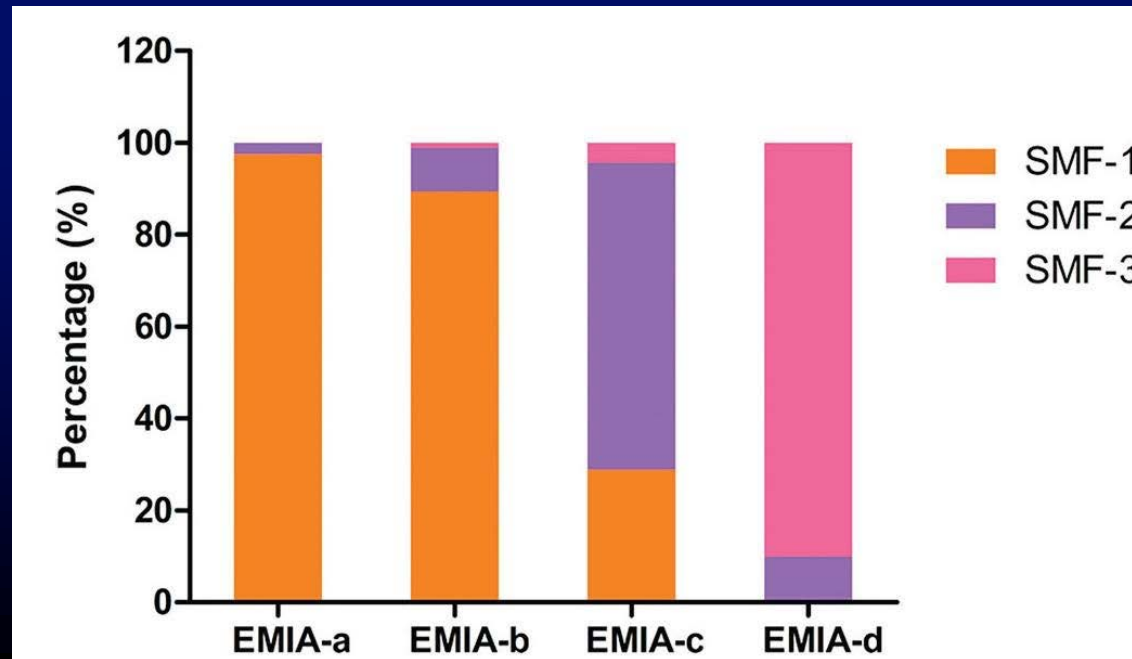


SMF-0

SMF-1

SMF-2

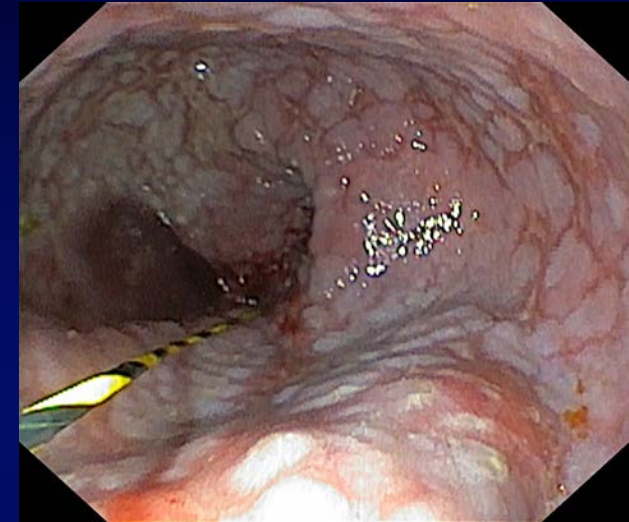
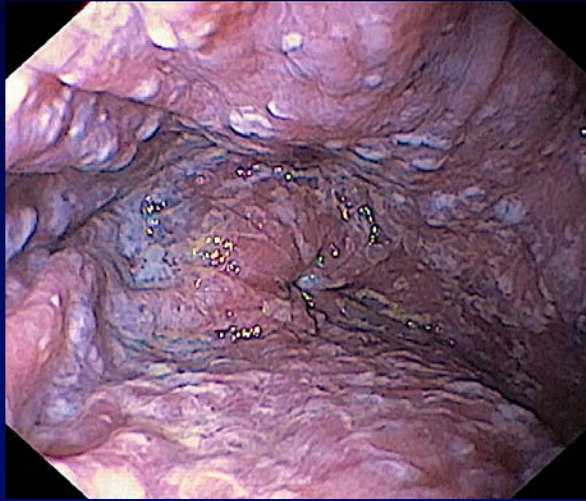
SMF-3



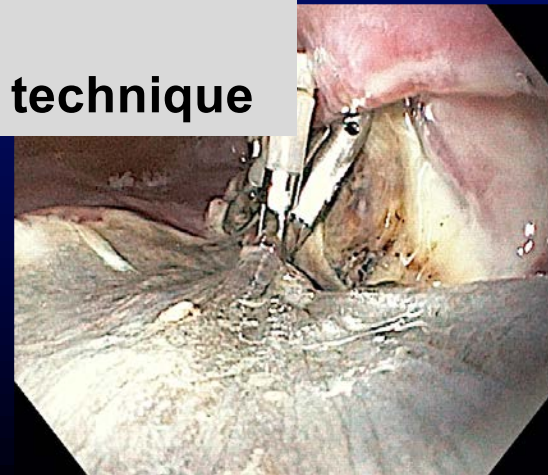
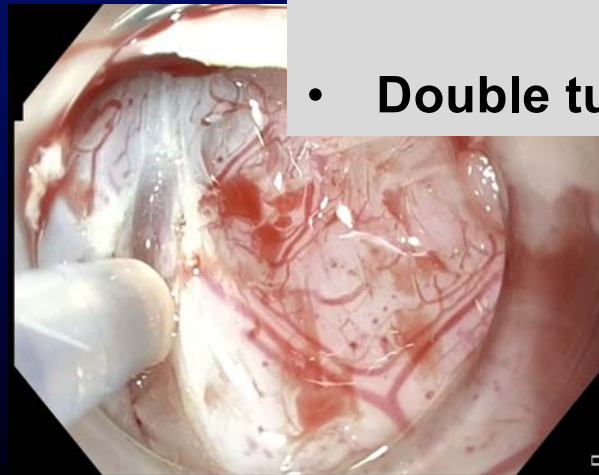
How to deal with Submucosal fibrosis?



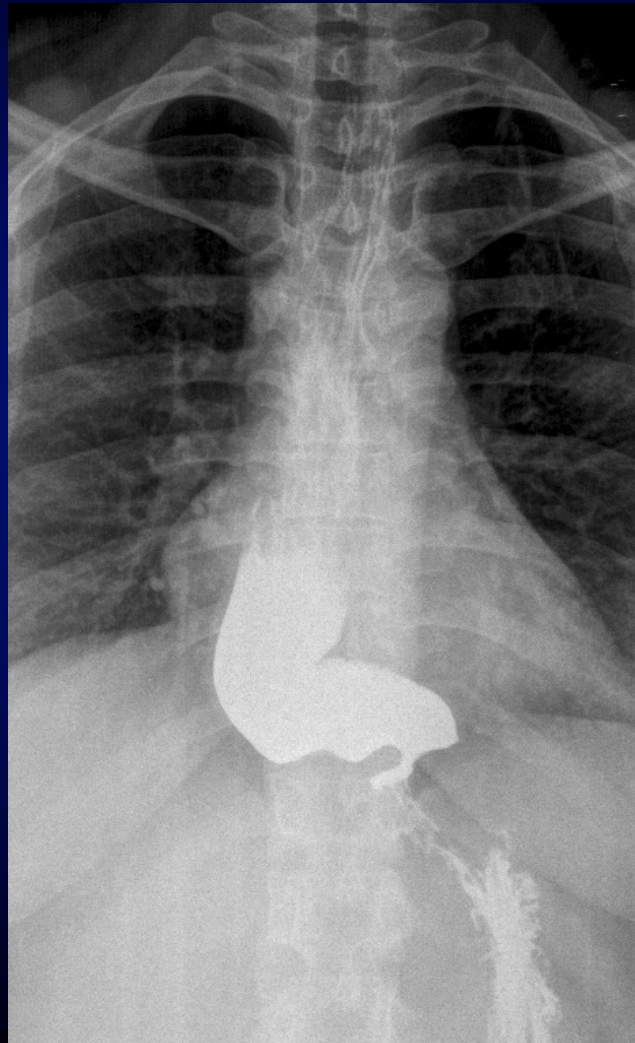
When and why to delay?



- **Thick and friable mucosa**
- **Submucosal fibrosis**
- **Clip side dehiscence**
- **Double tunnel technique**



Difficult Submucosal dissection



Submucosal Tunneling



Inadvertent Mucosal Incision - Extension



Myotomy



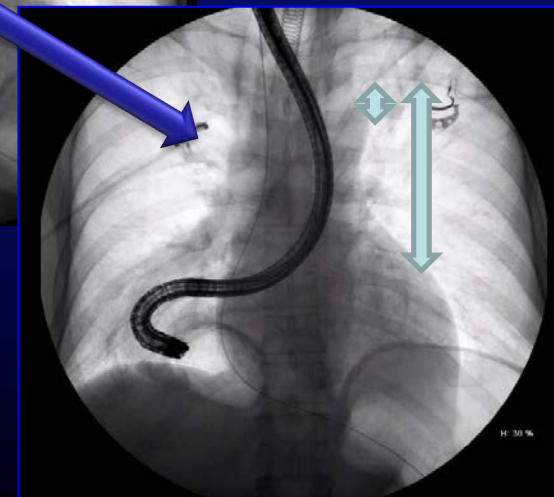
Clipping



Inadvertent Extension of Mucosal Incision

- Extension of incision during entry
- Submucosal fibrosis
- Tight GE junction
- Limited space for scope movements

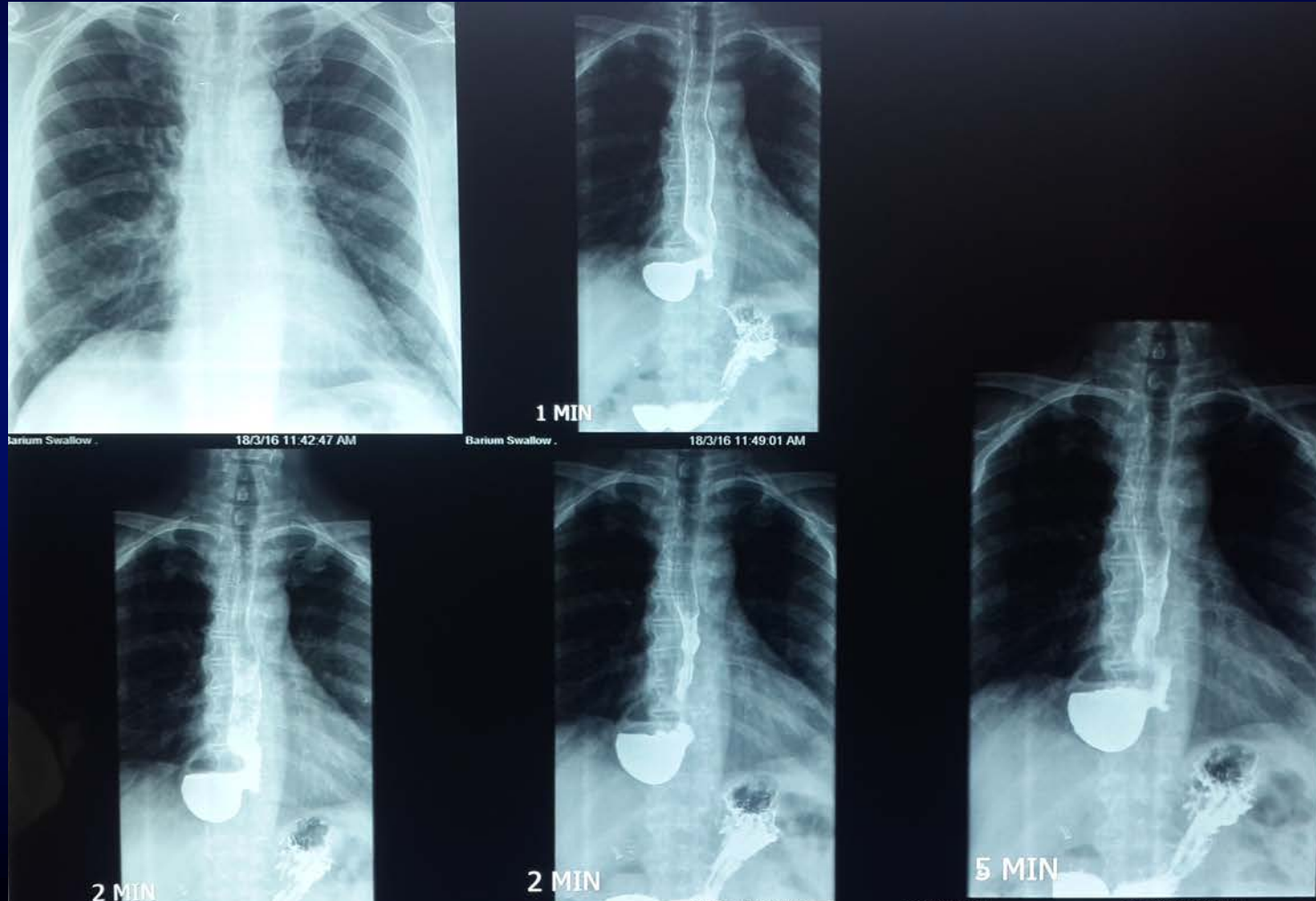
**Progressively Increasing Shaft
force on lower edge of Mucosal incision**



Flouroscopy



Esophageal Diverticulum



Large Oesophageal Diverticulum





Swallow . 23/4/16 9:13:26 AM



1 MIN

Barium Swallow . 23/4/16 9:16:08 AM



2 MIN



3 MIN

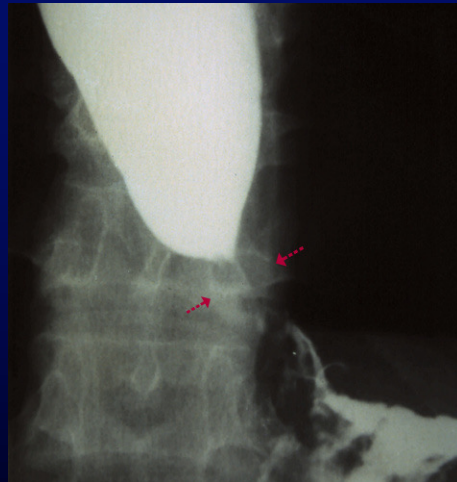


5 MIN

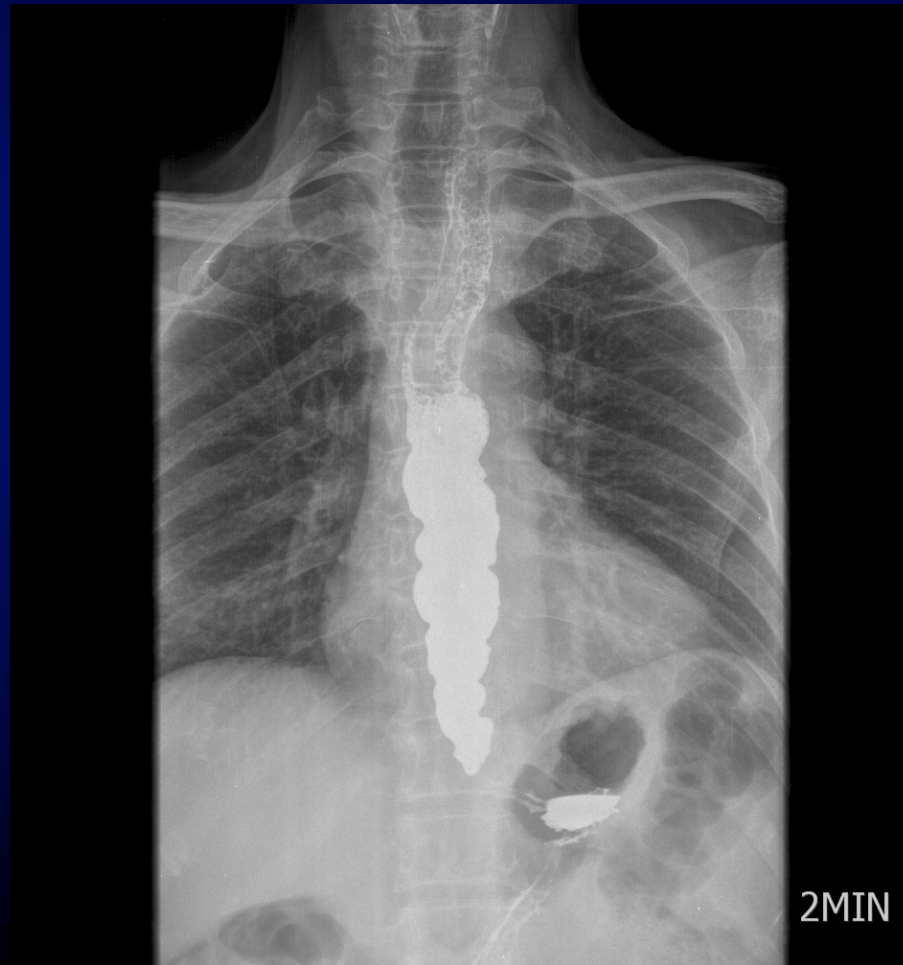
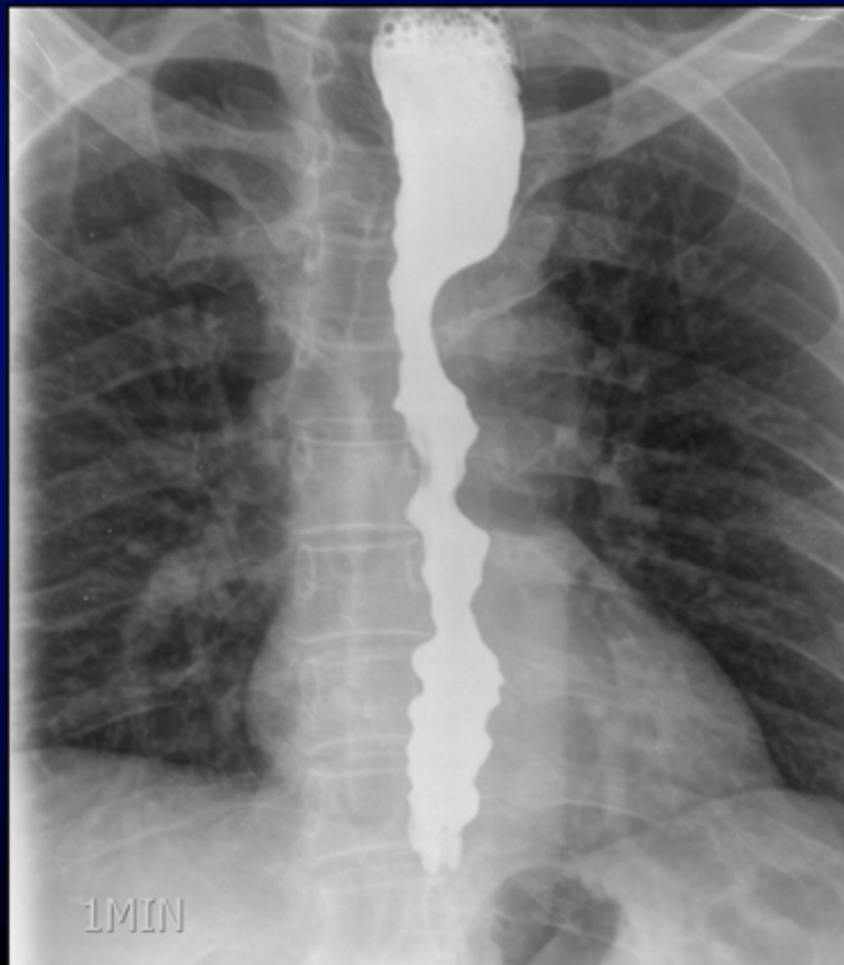
23/4/16 9:20:26 AM

Difficult dissection at GE Junction

Myotomy-submucosal dissection-myotomy



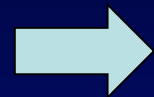
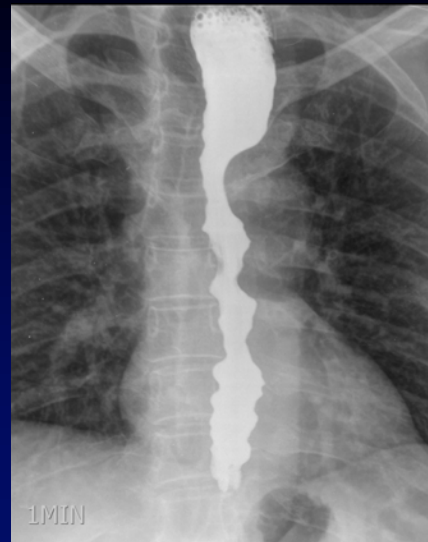
Pre-POEM



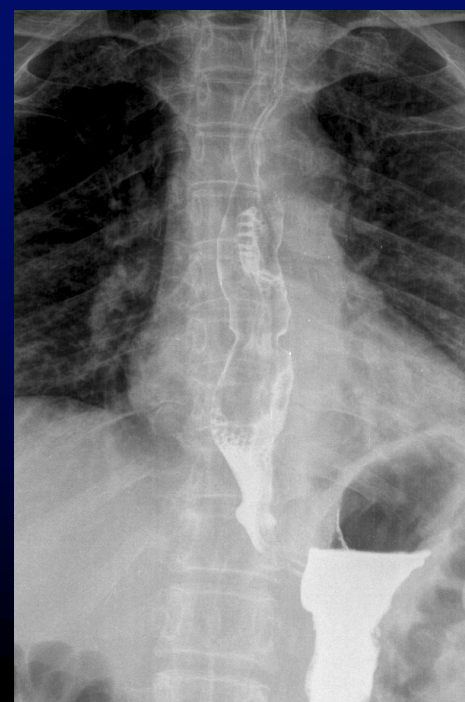
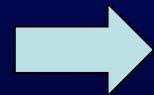
Pre POEM

Post POEM

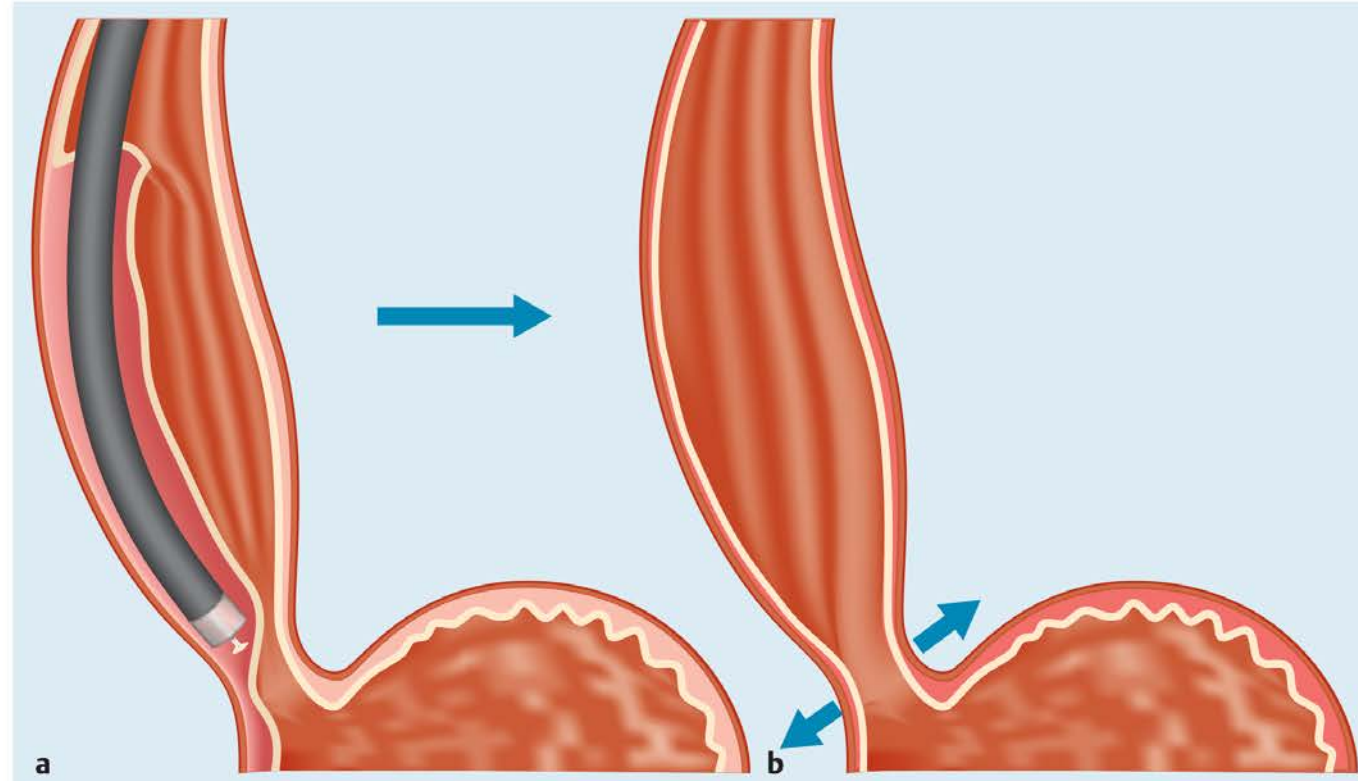
1 Minute



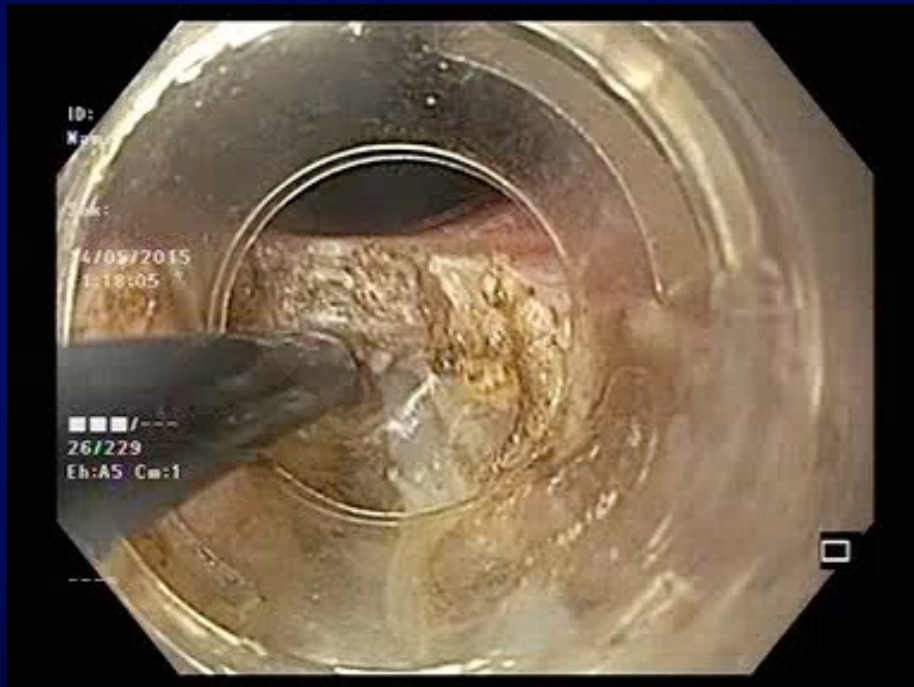
2 Minute



Novel technique to relax the lower esophageal sphincter during challenging peroral endoscopic myotomy (POEM)



What to do in case of bleeding ?

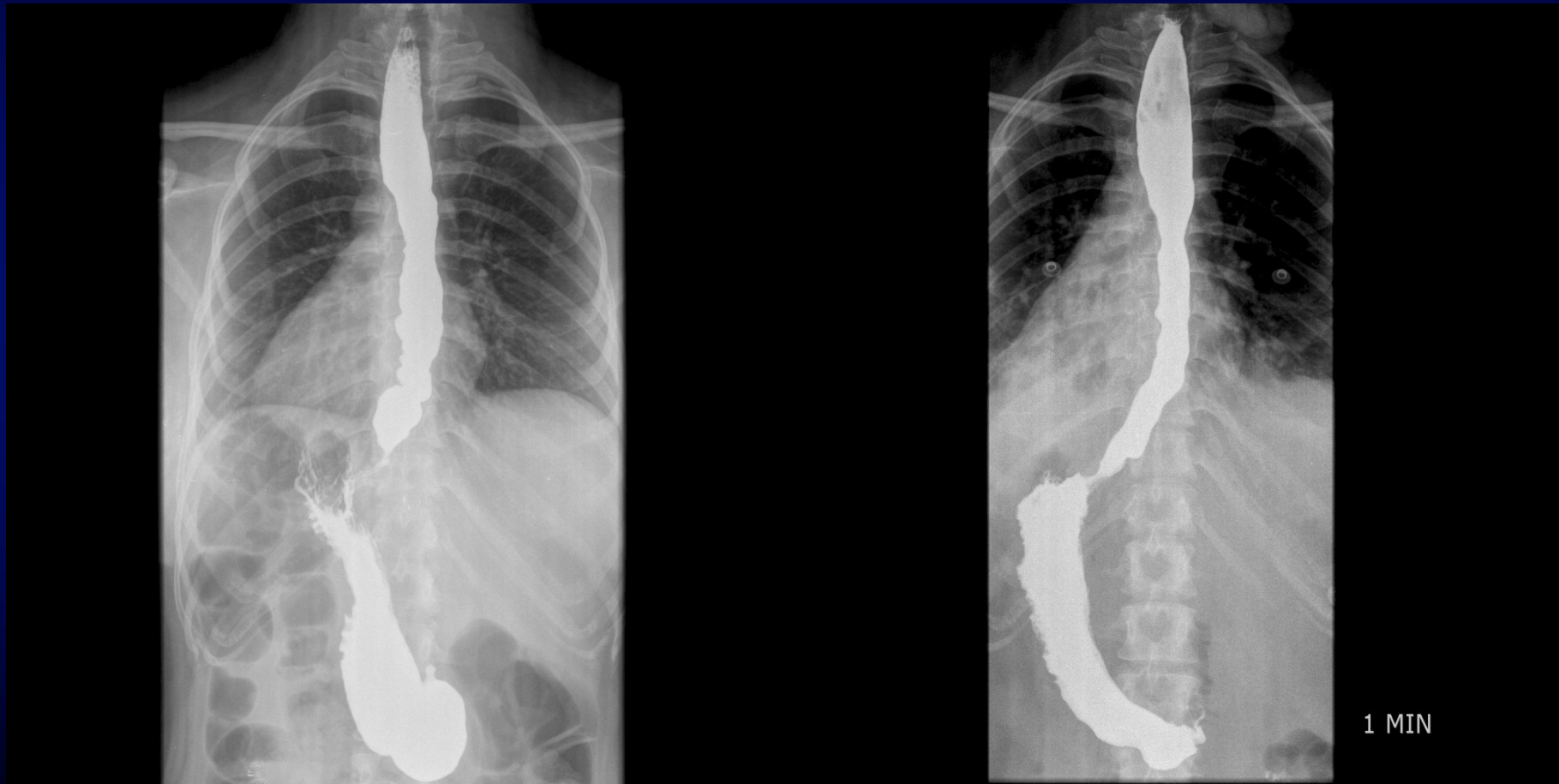


Management of delayed bleeding in achalasia cardia patient after per-oral endoscopic myotomy

Pradev Inavolu, Zaheer Nabi, Santhosh Darisetty,
Mohan Ramchandani, D. Nageshwar reddy

AIG Hospitals and Asian Institute of Gastroenterology,
Hyderabad, Telangana, India.

Situs Inversus



Mohan Ramchandani, Reddy DN ,Endoscopy 2014

SIT ANATOMY

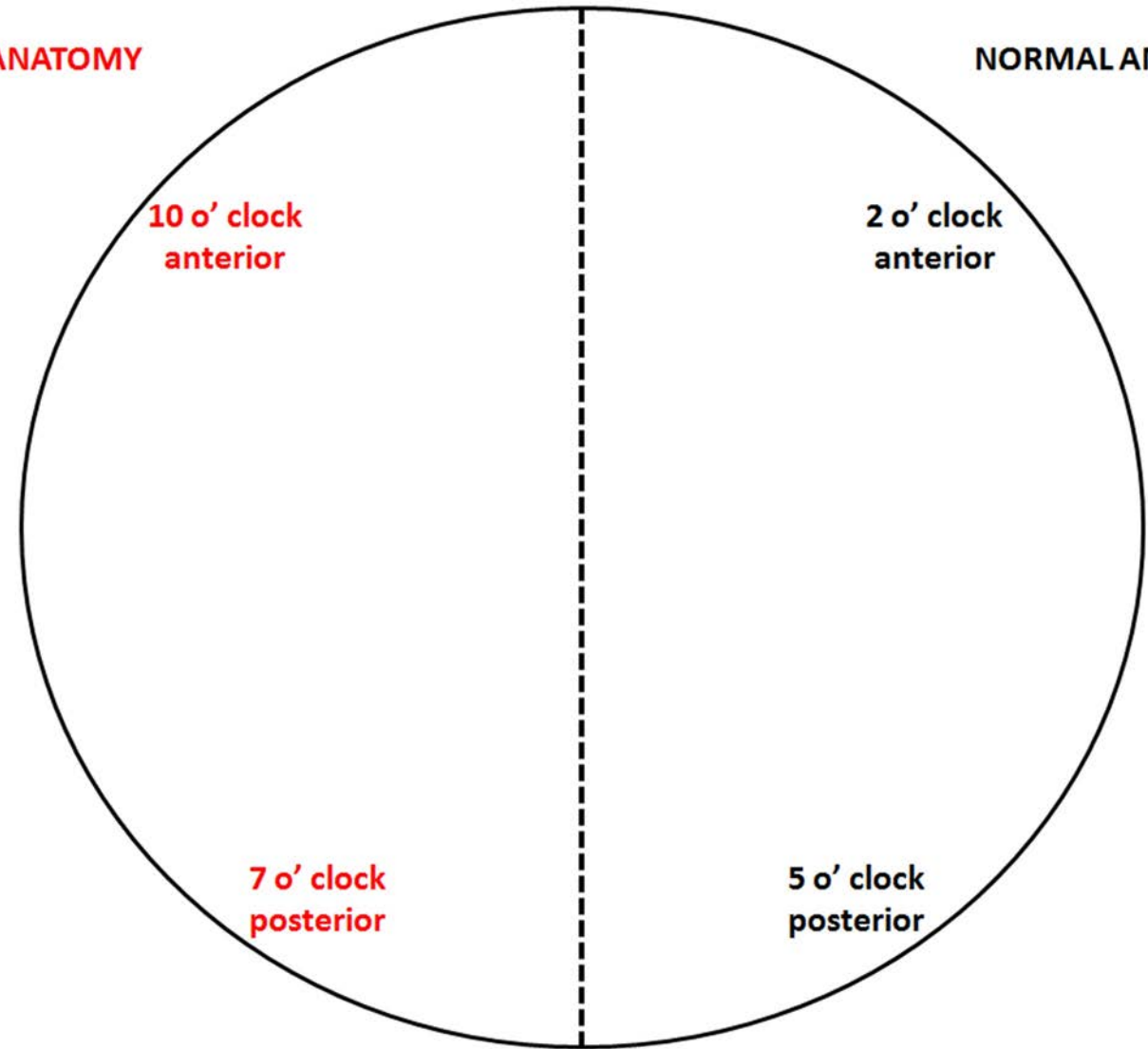
NORMAL ANATOMY

**10 o' clock
anterior**

**2 o' clock
anterior**

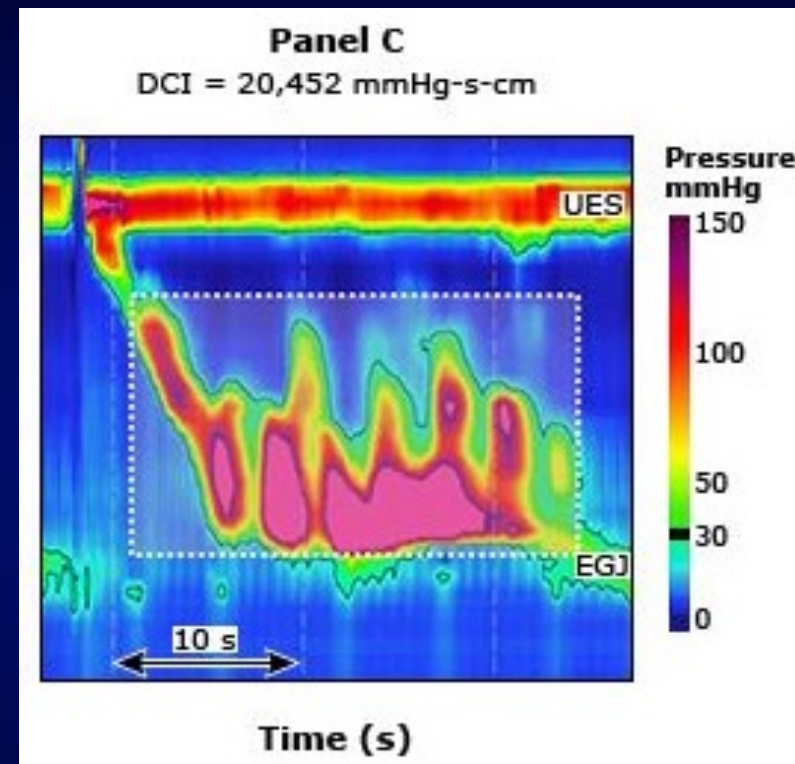
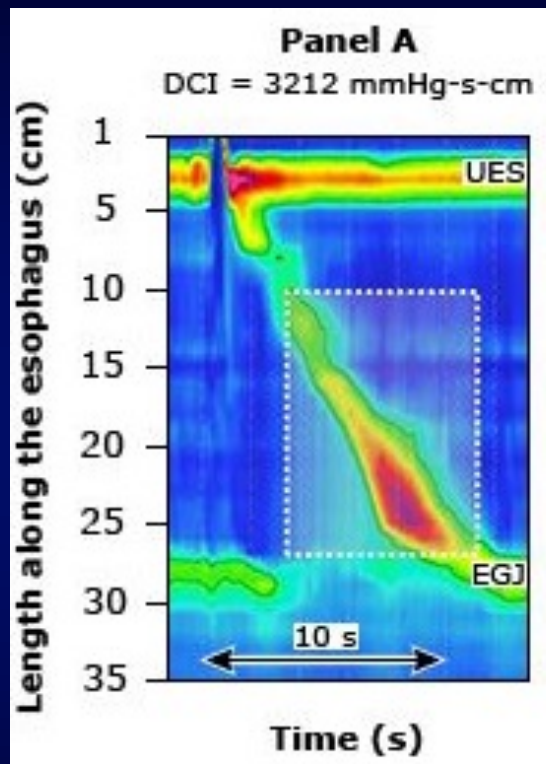
**7 o' clock
posterior**

**5 o' clock
posterior**



Normal

Hypercontractile Esophagus
(Jackhammer)



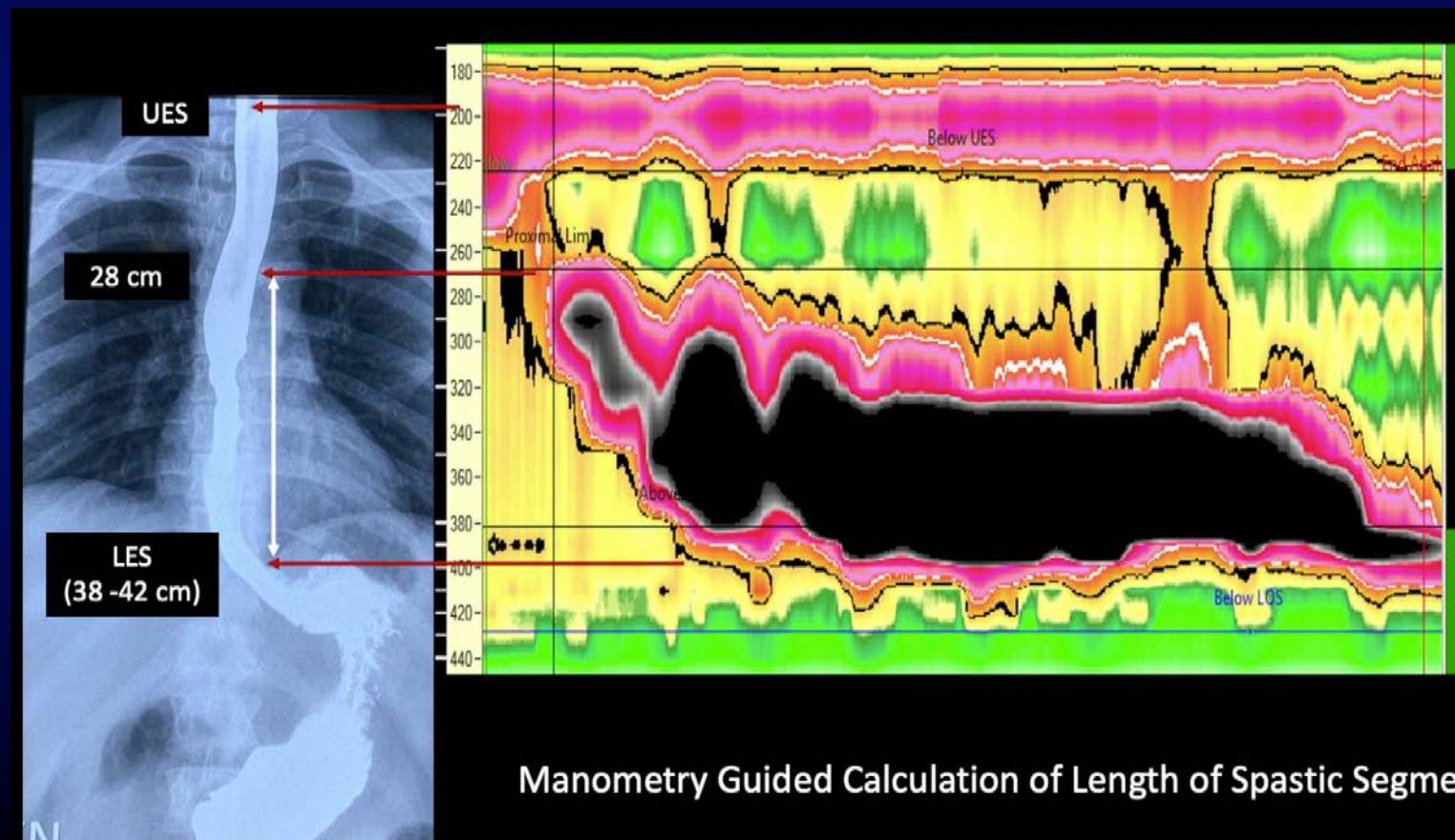
DCI < 5000

≥ 1 wet swallow with
DCI > 8,000 mmHg · cm ·
sec

Normal distal latency and normal IRP

High-resolution manometry–guided endoscopic myotomy in a case with jackhammer esophagus

Zaheer Nabi, MD, DNB, Radhika Chavan, MD, DNB, Manohar Reddy, MD, DNB, Jahangeer Basha, MD, DM, Arun Karyampudi, MD, DM, D. Nageswar Reddy, MD, DM



Manometry Guided Calculation of Length of Spastic Segment

Myotomy in spastic Achalasia: “*How long is long enough*”?

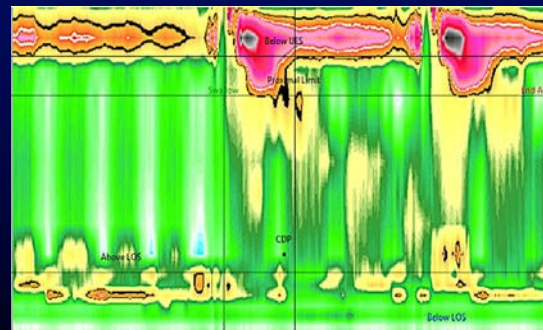
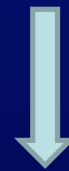
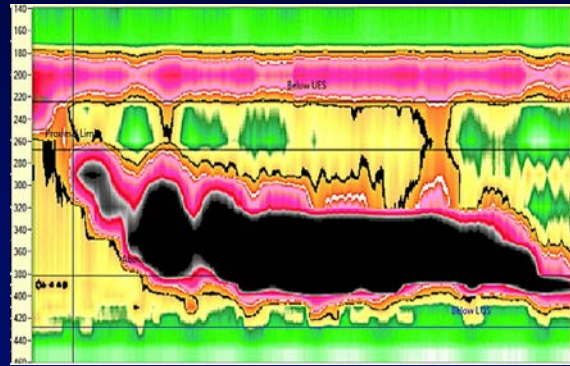
- How to chose length of myotomy
 - Tips and tricks to avoid complications
 - Jackhammer esophagus
 - Distal esophageal spasm
- To cut or not to cut GE junction

Jackhammer and DES: To cut or spare LES?

Yes

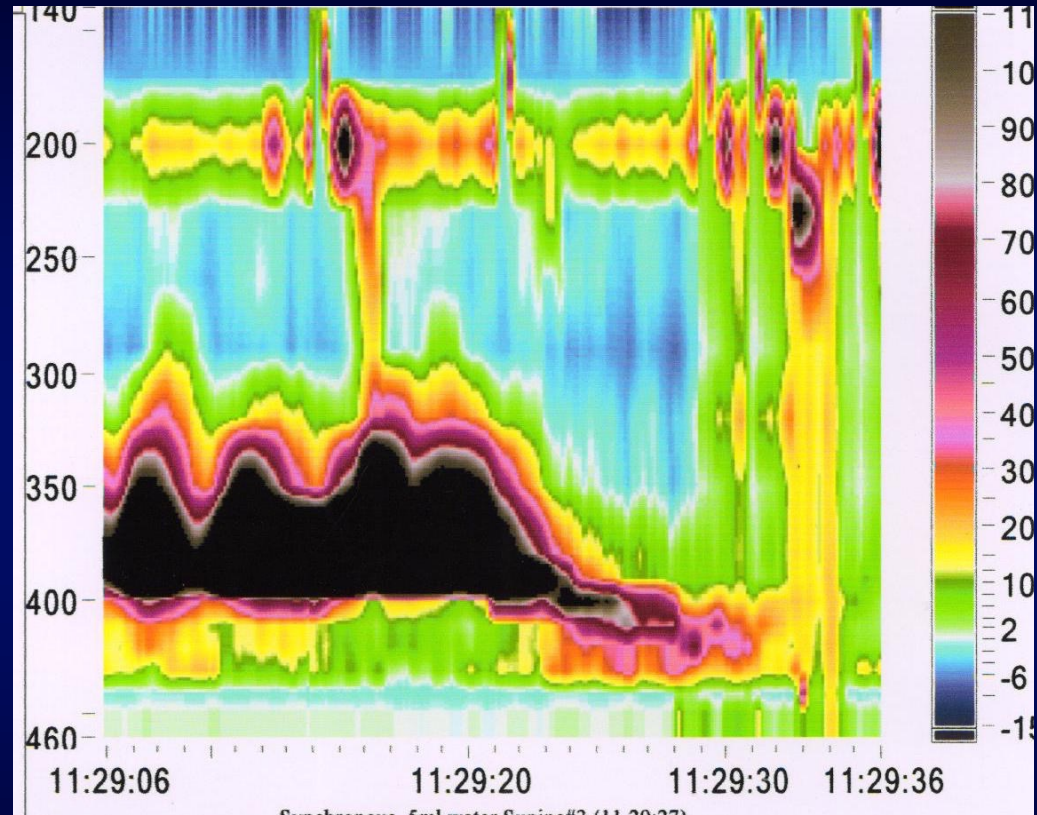
- Ineffective peristalsis
- Reflux not major issue
- Risk of dysphagia
- LES involved

(some cases of JHE)



No

- High reflux
- LES not at fault





Pre POEM



Take Home Message

- Short=long myotomy in type I and II achalasia
- Exceptions: Spastic segment ?
- Long myotomy: Spastic achalasia
 - Type III achalasia
 - Jackhammer esophagus
 - Diffuse esophageal spasm



Summary and conclusion

- POEM promises to be an important step in endoscopic interventions
- Difficult POEMs include sigmoid esophagus , Submucosal fibrosis, diverticulum etc
- Serious adverse events are rare if one is cautious
- Learning curve is important

Alternative Procedures

- If procedure could not be completed using standard POEM, alternative techniques were adopted.
 - Guidewire Assisted POEM
 - Myotomy – Submucosal dissection-Myotomy
 - Dissection of fibrotic tissue – choice of Cautery?

Thank you