

Minimally Invasive and Novel Therapeutics (M.I.N.T.)
September 13th- 15th 2023

POEM in 2023 – An Update

Amol Bapaye, MD (MS), FASGE, FJGES, FISG, FSGEI

Shivanand Desai Center for Digestive Disorders,
Deenanath Mangeshkar Hospital & Research Center, Pune, India



Disclosures

- No Relevant Disclosures

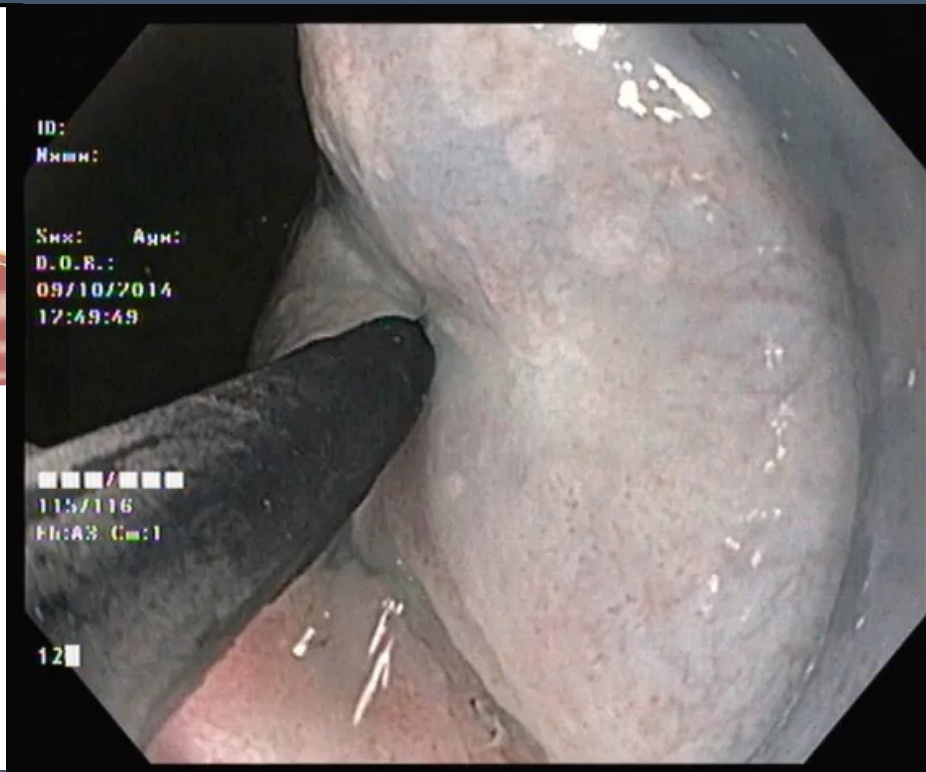
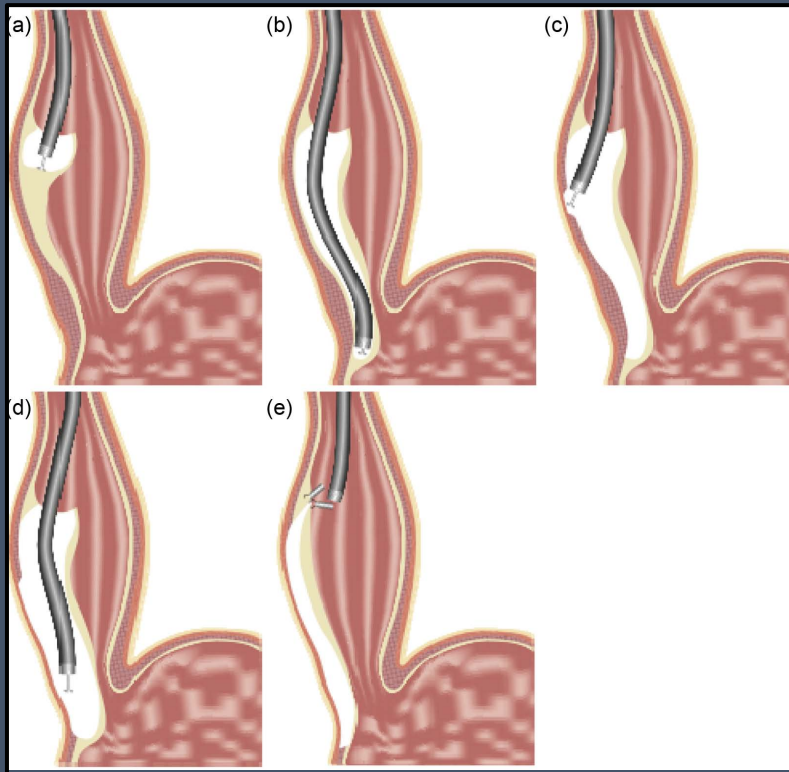
Peroral endoscopic myotomy (POEM) for esophageal achalasia*

Authors

H. Inoue, H. Minami, Y. Kobayashi, Y. Sato, M. Kaga, M. Suzuki, H. Satodate, N. Odaka, H. Itoh, S. Kudo

Institution

Digestive Disease Center, Showa University Northern Yokohama Hospital



- Excellent short-, medium- & long-term outcomes
- Highly popular procedure
- Highly effective for all achalasia subtypes
- Effective in prior treatment failures

Gandhi A et al, GIECNA Oct 2022
<https://doi.org/10.1016/j.giec.2022.08.002>

Issues to be discussed

- Revisiting supportive Data
- POEM – Technical modifications / evolutions
- Evolving Concepts about Post-POEM GERD
- Anti-reflux measures during / after POEM
- POEM for no—achalasia SEDs
- Training & credentialing for POEM
- Some Myths busted !



Table 1
Outcomes of per oral endoscopic myotomy in achalasia (select large studies)

Study	Patients (N)	Previous Therapy (%)	Mean/Median Follow-Up (months)	Pre-Eckardt Score	Post-Eckardt Score	Treatment Success (%)	Adverse Events (%)	GER (%)
Shiwaku et al. ¹⁰	1346	31	12	6.1	1.1	95.1 at 6 m 94.7 at 1 y	3.7	14.8
Li et al. ¹¹	564	34.2	49	8	2	94.2 at 1 y 87.1 at 5 y	6.4	37.3
Kumbhari et al. ¹²	282	28.6	12	7.8	1	94.3		23.2
Nabi et al. ¹³	423	46	17	7	1.2	94 at 1 y 91 at 2 y	4.5	16.8
Shiwaku et al. ¹⁴	100	47	3	5.9	0.8	99	10	28.5
Hungness et al. ¹⁵	112	30	28	7	1	92	2.7	28
Ramchandani et al. ¹⁶					1.25	94 at 6 m 92 at 1 y	6.4	21.6
Inoue et al. ¹⁷					1	91 at 1 y 88.5 at 3 y	3.2	16.8 at 2 months, 21 at 3 y
Stavropoulos et al. ¹⁸					0.2	98 at 3 months 96 at 1 y		32
Brewer Gutierrez et al. ¹⁹	148	PD—19.9, Botulinum	35	7	1	95.2	5.5	Symptomatic reflux—32.1% Reflux esophagitis—16.8%
Wen-Gang Zhang et al. ²⁰					2	88	22	Symptomatic reflux—38%
Teitelbaum et al. ²¹					1.7	83	NR	Reflux on pH studies (6 m)—38%; At 5 y: Erosive esophagitis—13%, Symptomatic reflux—26%
Werner et al. ²² (POEM vs LHM)	POEM—112, LHM—109	PD—27, Botulinum toxin injection—7, PD and BT—5	24	POEM - 6.8 ± 2 LHM—6.7 ± 2	POEM—2 ± 1.9 LHM—1.8 ± 1.7	POEM—83, LHM—81.7	POEM - 2.6, LHM—7.3	POEM group—3 months—57%, 24 months—44%
Ponds et al. ²³ (POEM vs PD)	POEM—64, PD—66	None	24	POEM—med 8 (IQR 6–9), PD—med 7 (IQR 6–9)	POEM—1 (IQR 0–2), PD—1 (IQR 0–2)	POEM—92, PD—54	Serious procedure-related AE, PD—2, POEM - 0	Reflux esophagitis; POEM—41%, PD—7%
Modayil et al. ²⁴	610	47.9 – PD—17.7, BT—22.5, HM—13.6, POEM—2.8	30	Achalasia—7.6, non-achalasia—7.9	0.5, 1.2	97.6% (1 y), 96.2% (2 y), 95.9% (3 y), 93.8% (4 y), 91.9% (5 y), 91.2% (6 y),	Clinically significant AEs—3.4	Reflux on pH studies—57.1%, esophagitis on EGD—49.8%, GER symptoms—20.5% at 4 m;

Consistent Treatment Success > 90%

Consistently Low AEs < 10%



Peroral endoscopic myotomy compared to laparoscopic Heller myotomy and pneumatic dilation in the treatment of achalasia: a systematic review

Adam North,¹ Nilanjana Tewari²

Study	Year of Publication	Country	Intervention	Duration of study (months)	Study design	Number of participants (n)
Akimoto <i>et al.</i>	2021	Japan	POEM vs. LHM	278	Retrospective	25
Attaar <i>et al.</i>	2021	USA	POEM vs. LHM	116	Retrospective	159
Bhayani <i>et al.</i>	2014	USA	POEM vs. LHM	72	Prospective	101
Chan <i>et al.</i>	2016	Hong Kong	POEM vs. LHM	180	Retrospective	56
Conte <i>et al.</i>	2020	Brazil	POEM vs. LHM	—	RCT	40
Costantini <i>et al.</i>	2020	Italy	POEM vs. LHM	48	Retrospective	280
De Pascale <i>et al.</i>	2017	Italy	POEM vs. LHM	40	Retrospective	74
Greenleaf <i>et al.</i>	2018	USA	POEM vs. LHM	6	Retrospective	41
Hanna <i>et al.</i>	2018	USA	POEM vs. LHM	60	Retrospective	96
			POEM vs. LHM	99	Prospective vs. Retrospective	73
			POEM vs. LHM	60	Retrospective	133
			POEM vs. LHM	39	Public Database Searching	11,270
			POEM vs. PD	331	Retrospective	241
			POEM vs. LHM	19	Prospective vs. Retrospective	83
			POEM vs. PD	44	Retrospective	72
			POEM vs. LHM	60	Retrospective	207
			vs. PD vs. BI			
			POEM vs. LHM	48	Retrospective	31
			POEM vs. LHM	48	Retrospective	98
Ponds <i>et al.</i>	2019	International	POEM vs. PD	40	RCT	133
Ramirez <i>et al.</i>	2018	Argentina	POEM vs. LHM	69	Prospective vs. Retrospective	70
Schneider <i>et al.</i>	2016	Sweden	POEM vs. LHM	49	Retrospective	50
Sudarshan <i>et al.</i>	2021	USA	POEM vs. LHM	64	Retrospective	71
Trieu <i>et al.</i>	2021	USA	POEM vs. LHM	12	Public Database Searching	3430
Ujiki <i>et al.</i>	2013	USA	POEM vs. LHM	46	Prospective	39
Vigneswaran <i>et al.</i>	2014	USA	POEM vs. LHM	33	Prospective	8
Wang <i>et al.</i>	2016	China	POEM vs. PD	72	Retrospective	31
Ward <i>et al.</i>	2021	USA	POEM vs. LHM	60	Retrospective	100
Werner <i>et al.</i>	2019	International	POEM vs. LHM	35	RCT	221
Wirsching <i>et al.</i>	2019	USA	POEM vs. LHM	48	Prospective	51
Zheng <i>et al.</i>	2019	China	POEM vs. PD	43	Retrospective	66

Conclusions

- Superior efficacy of POEM over PD
- Similar cost-effectiveness
- POEM comparable to LHM
- POEM is feasible 1st line treatment for achalasia

North A, Dis Esophagus, 2023



HARVARD
MEDICAL SCHOOL



The Efficacy of Peroral Endoscopic Myotomy vs Pneumatic Dilatation as Treatment for Patients With Achalasia Suffering From Persistent or Recurrent Symptoms After Laparoscopic Heller Myotomy: A Randomized Clinical Trial

Caroline M G Saleh ¹, Pietro Familiari ², Barbara A J Bastiaansen ¹, Paul Fockens ¹, Jan Tack ³, Guy Boeckxstaens ³, Raf Bisschops ³, Aaltje Lei ¹, Marlies P Schijven ¹, Jan Guido Costamagna ², Albert J Bredenoord ⁴

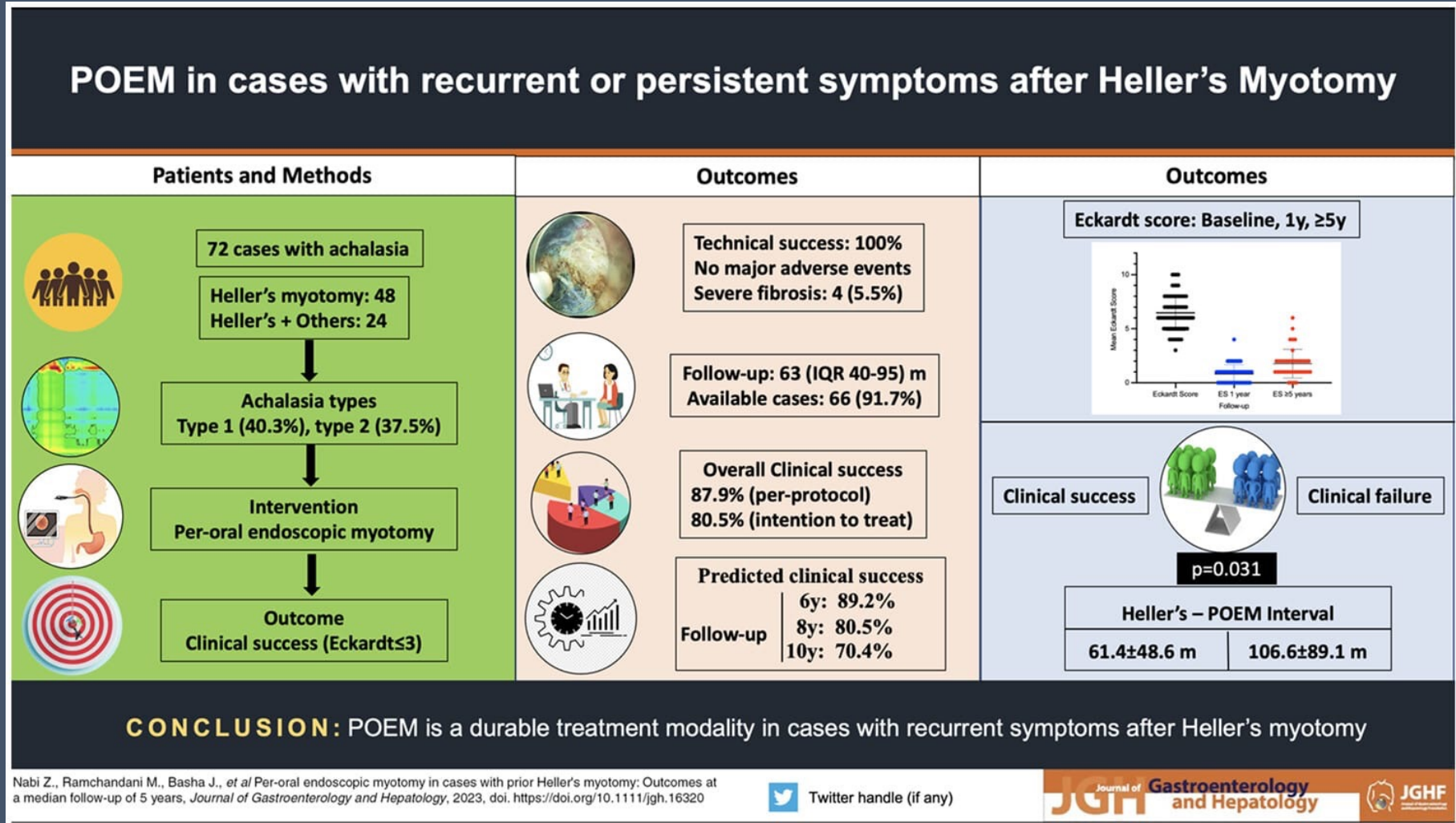
- Multi-center RCT, Post LHM, ES>3 & ≥2cm column on TBE
- Randomized to POEM vs PD
- Primary outcome – Clinical success (ES <3)
- Secondary outcomes – reflux esophagitis, HRM & TBE findings
- POEM -
 - Higher clinical success (62.2% vs 26%, P=.001; OR 0.22; 95% CI, 0.09-0.54; RR for success, 2.33; 95% CI, 1.37-3.99)
- Reflux esophagitis – no significant difference
- Basal LES pressure & IRP significantly lower in POEM
- TBE column height at 2 & 5 min significantly lower in POEM



Per-oral endoscopic myotomy in cases with prior Heller's myotomy: Outcomes at a median follow-up of 5 years

Zaheer Nabi ¹, Mohan Ramchandani ², Jahangeer Basha ², Pradev Inavolu ², Rama Kotla ², Rajesh Goud ², Santosh Darisetty ², Duvvur Nageshwar Reddy ²

- 72 patients with prior LHM - 45.9 ± 13.4 years, 43 men
- Primary outcome - clinical success [Eckardt score ≤ 3]
- Secondary outcomes - improvement of manometry parameters, barium emptying at 5 min and gastroesophageal reflux (esophagitis and increased EAT)



s - All
ovement in E
vs post-POEM
1.7 ± 12.5 vs
g (14.2 ± 4.2
ow-up of 63
(80.6%) - clin
tis and increa
-57.1% and 5



Technical Modifications / Evolutions

Length of Esophageal Myotomy ?

Randomized Controlled Trial

> Gut. 2023 Aug;72(8):1442-1450.

doi: 10.1136/gutjnl-2021-325579. Epub 2023 Apr 18.

Long versus short peroral endoscopic myotomy for the treatment of achalasia: results of a non-inferiority randomised controlled trial

Pietro Familiari^{1 2}, Federica Borrelli de Andreis^{3 2}, Rosario Landi³, Francesca Mangiola^{3 2}, Ivo Boskoski^{3 2}, Andrea Tringali^{3 2}, Vincenzo Perri^{3 2}, Guido Costamagna^{3 2}

- Single-centre, patient-blinded, randomised, non-inferiority clinical trial
- N = 200; long-POEM (13 cm; 101) / short-POEM (8 cm; 99)
- Primary outcome – Eckardt score ≤ 3 @ 24m
- Secondary outcomes – operating time, complication rate, postop manometry, GERD rate, QOL
- ITT – Clinical success 89.1% vs 98% (absolute difference -8.9% (90% CI -14.5 to -3.3))
- Significantly shorter procedure time in short-POEM
- No difference in GERD (AET & endoscopic esophagitis) @ 6 & 24m, no difference in PPI use

Conclusion

Non-inferiority of shorter length POEM compared to standard length

Measurement of gastric myotomy

DEN

Digestive Endoscopy

For Gastroenterologists and Endoscopic Surgeons



Letters, Techniques and Images

‘Caliper method’: Simple technique for measuring gastric myotomy during peroral endoscopic myotomy

Jimil Shah ✉, Anupam K. Singh, Harshal S. Mandavdhare

First published: 31 March 2022 | <https://doi.org/10.1111/den.14314>

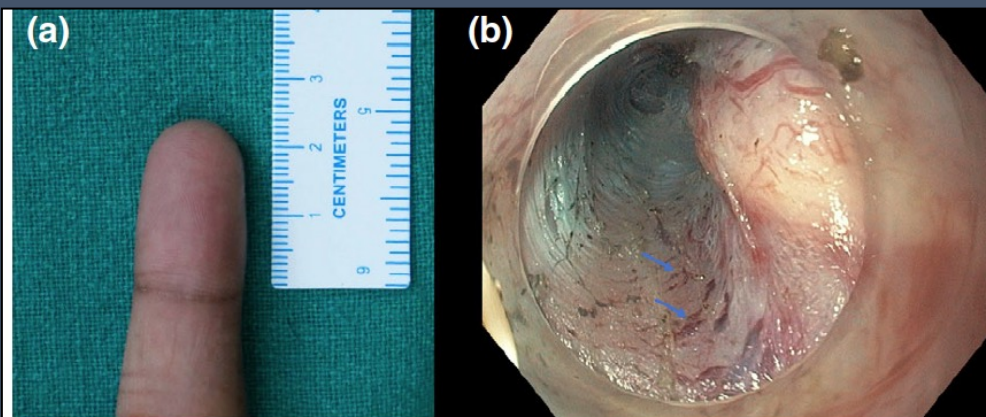


Figure 1 (a) Showing distance from distal palmar crease to index finger tip of the operator. (b) Showing scope (GIF-HO190; Olympus, Tokyo, Japan) positioned just beyond the gastroesophageal junction as evidenced by crossing the narrowest part of the tunnel and appearance of stellate vessels on gastric side of the tunnel (arrows) (Point A).

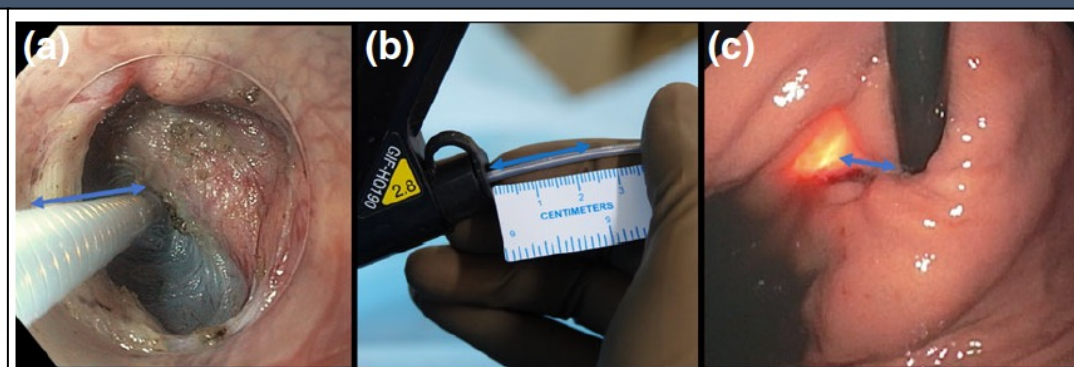


Figure 2 (a) We used the distance from Point A (as in Fig. 1b) to the end of gastric side of the tunnel (Point B) with Triangle Tip JetKnife (TTJ Knife, KD-465L; Olympus, Tokyo, Japan) (arrow). (b) Distance of gastric side of the tunnel was measured by external movement of the TTJ Knife by withdrawing it back from Point B to Point A using caliper or measured finger tip length. (c) Our technique of appropriate



HARVARD
MEDICAL SCHOOL



Tailoring the Myotomy – EndoFLIP

JOURNAL ARTICLE

Early outcomes following EndoFLIP–tailored peroral endoscopic myotomy (POEM): the establishment of POEM services in two UK centers

[Get access >](#)

William Knight, Kaveetha Kandiah, Zoi Vrakopoulou, Annabel White, Lavinia Barbieri, Nilanjana Tewari, Jennifer Couch, Francesco DiMaggio, Mark Barley, Krish Raganath ...
[Show more](#)

Diseases of the Esophagus, Volume 36, Issue 8, August 2023, doac110,

- Allows intraoperative measurement of lower esophageal distensibility during POEM
- Ensure adequate distensibility while minimizing postoperative reflux risk
- Two prospectively collected POEM databases
- Outcomes – Clinical success (Eckardt score <3 @ 6w) & PPI use
- 142 patients (2015-1019)
- Clinical success - 90% @ 6w
- Median post-POEM DI – 4.0mm²/mmHg in responders vs 2.9 in non-responders (P = 0.16)
- Myotomy <7 cm – 93% clinical success & 40% post op PPI use v/s 60% PPI use with longer myotomy
- Shorter myotomies clinically effective @ 6w

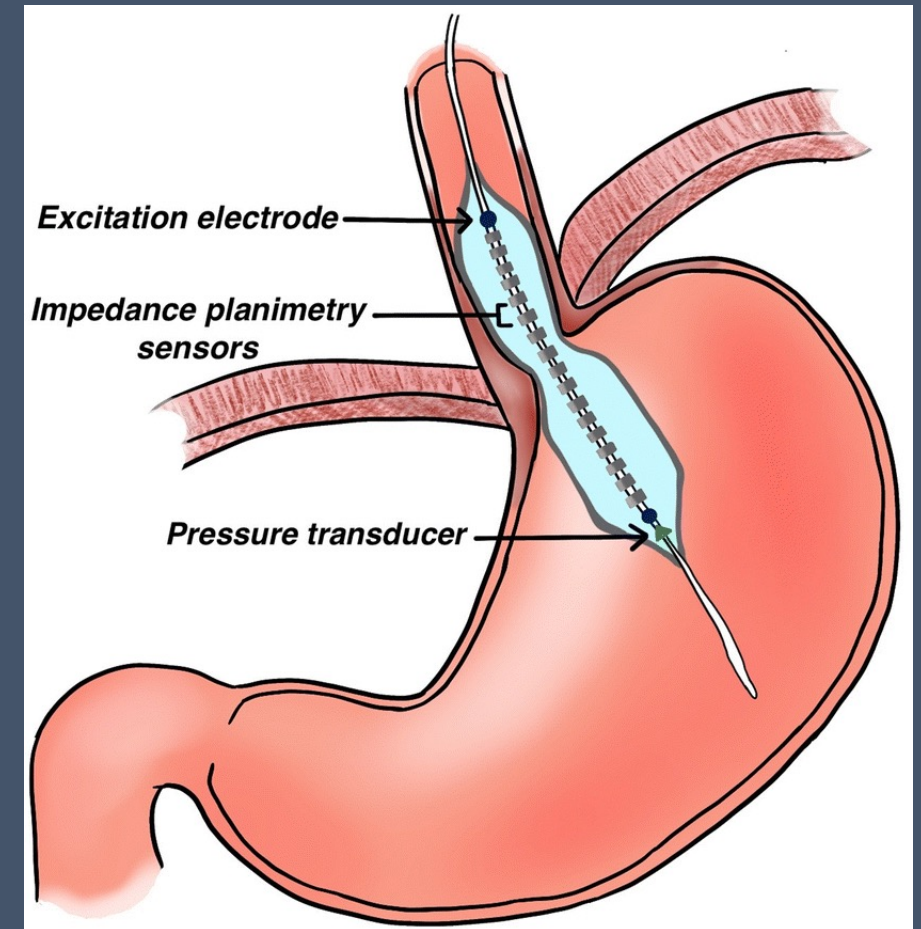
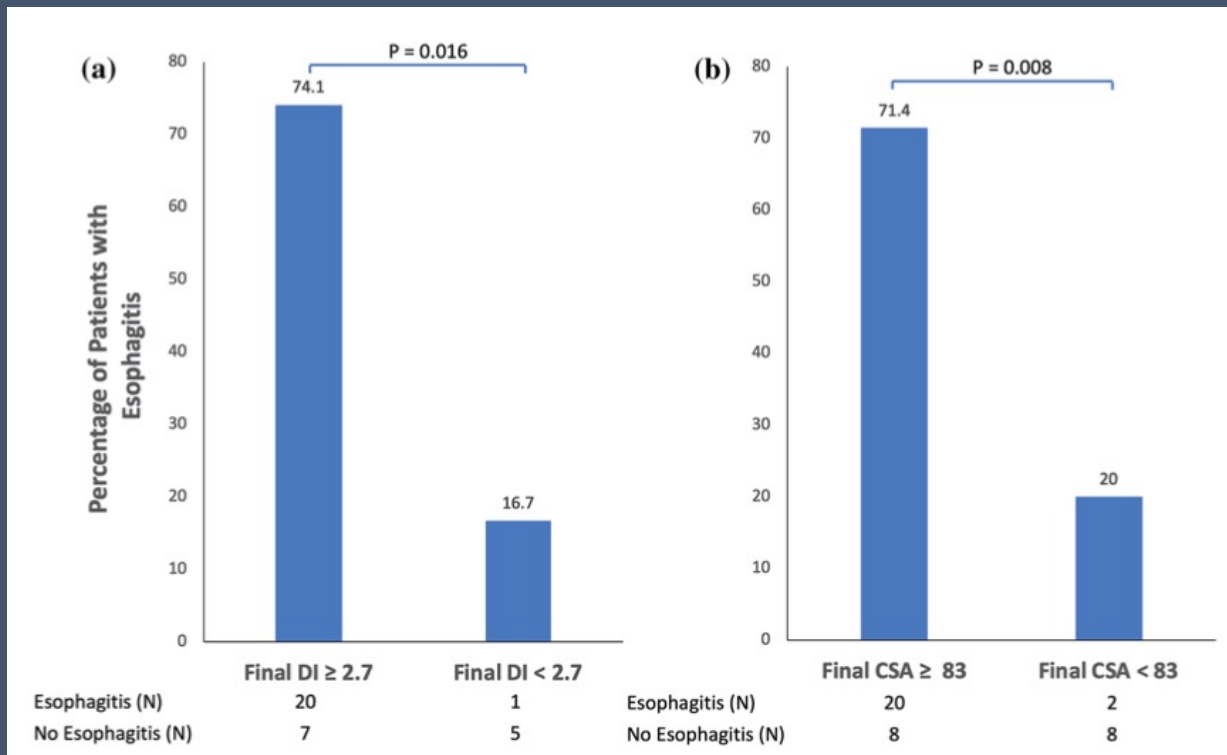


HARVARD
MEDICAL SCHOOL



Endo FLIP: Prediction of Post POEM GERD

- $DI < 6 \text{ mm}^2/\text{mm Hg}$ – Lower GERD
- Estimates length of gastric myotomy

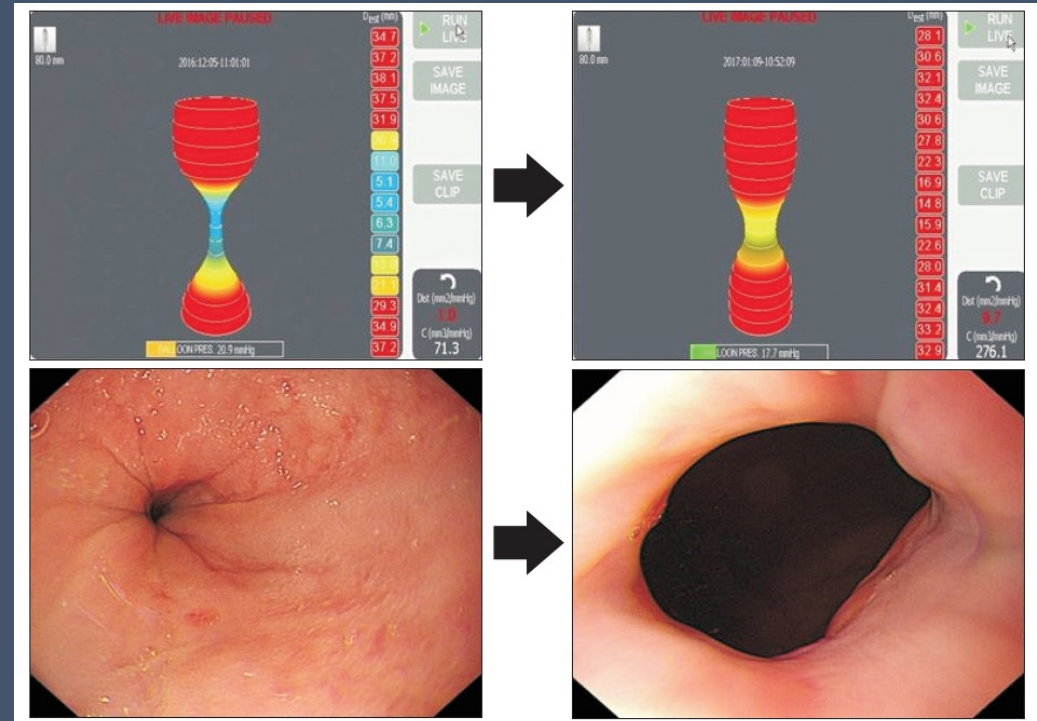
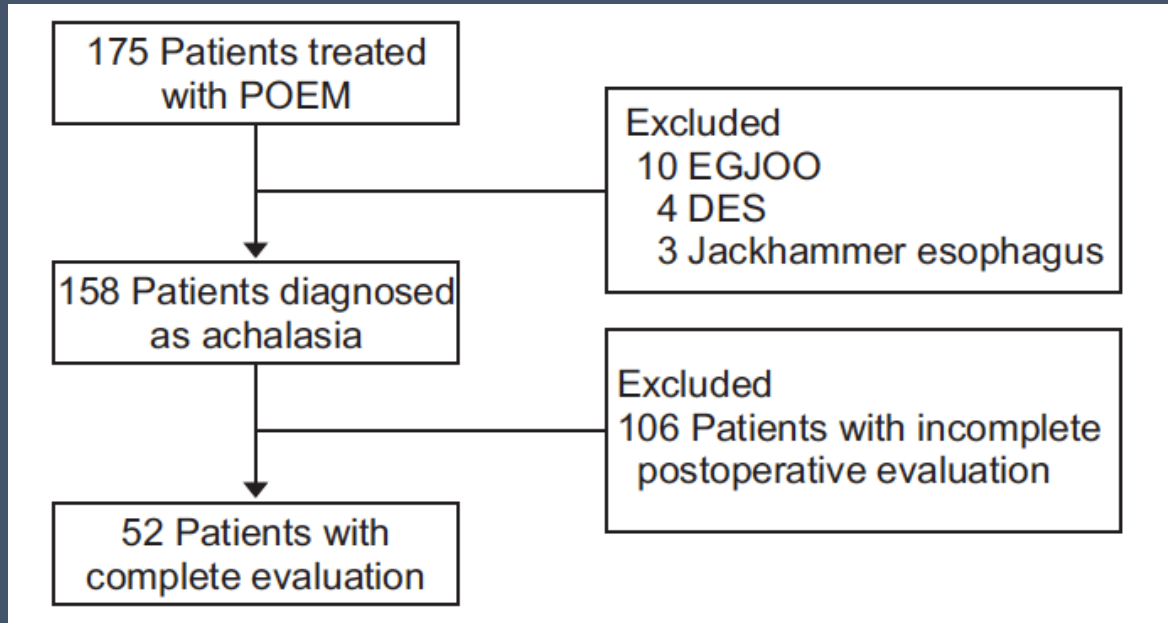


Post POEM Clinical Outcomes – EndoFlip Assessment

Assessment of Clinical Outcomes after Peroral Endoscopic Myotomy via Esophageal Distensibility Measurements with the Endoluminal Functional Lumen Imaging Probe

In Kyung Yoo¹, Sang Ah Choi¹, Won Hee Kim¹, Sung Pyo Hong¹, Ozlem Ozer Cakir², and Joo Young Cho¹

¹Department of Gastroenterology, CHA Bundang Medical Center, CHA University School of Medicine, Seongnam, Korea, and ²Department of Gastroenterology, Alanya Alaaddin Keykubat University, School of Medicine, Antalya, Turkey



Post POEM Clinical Outcomes – EndoFlip Assessment

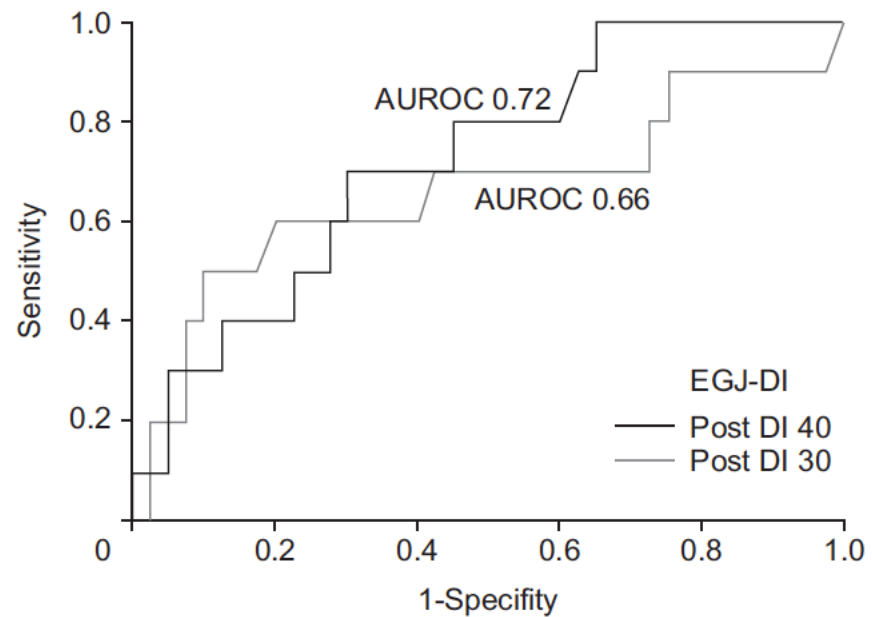


Fig. 4. Receiver operating characteristic (ROC) curve of esophagogastric junction (EGJ) distensibility index (DI) for incomplete response to peroral endoscopic myotomy. AUROC, area under a ROC curve.

Table 4. Multivariate Analysis for Prognostic Factors of Incomplete Response

	Multivariate model	
	OR (95% CI)	p-value*
Full thickness myotomy	0.248 (0.04–1.45)	0.121
Postoperative DI30mL or DI40mL <7	14.10 (2.29–86.82)	0.004
Increase in LES pressure	7.66 (1.21–48.48)	0.030
Increase in IRP	7.30 (1.22–43.62)	0.029

OR, odds ratio; CI, confidence interval; DI, distensibility index; LES, lower esophageal sphincter; IRP, integrated relaxation pressure.

*Significant differences between groups were tested using binary logistic regression analysis.

Bipolar/Microwave energy device

Abstracts | ESGE Days 2023

Oral presentation

Endoscopic myotomy – still hot or old fashioned? 21/04/2023, 10:00 – 11:00 Liffey Meeting Room 2

Per-oral esophageal Myotomy and Endoscopic Fundoplication (POEM+F) using Bipolar Radiofrequency and Microwave energy platform

M. Borkar , A. Bale , J. Ansari , R. Yewale , A. Bapaye

- Combined bipolar & microwave energy device – Speedboat™ – has ability to dissect, coagulate & inject in a single device
- Clean energy source – no charring during cutting or coagulation
- Peritoneal dissection & entry during POEM+F is especially facilitated using this device
- Evolution in device – diameter reduced from 3.7 → 3.2mm (2.8mm awaited)

Impact of modified techniques on outcomes of peroral endoscopic myotomy: A narrative review

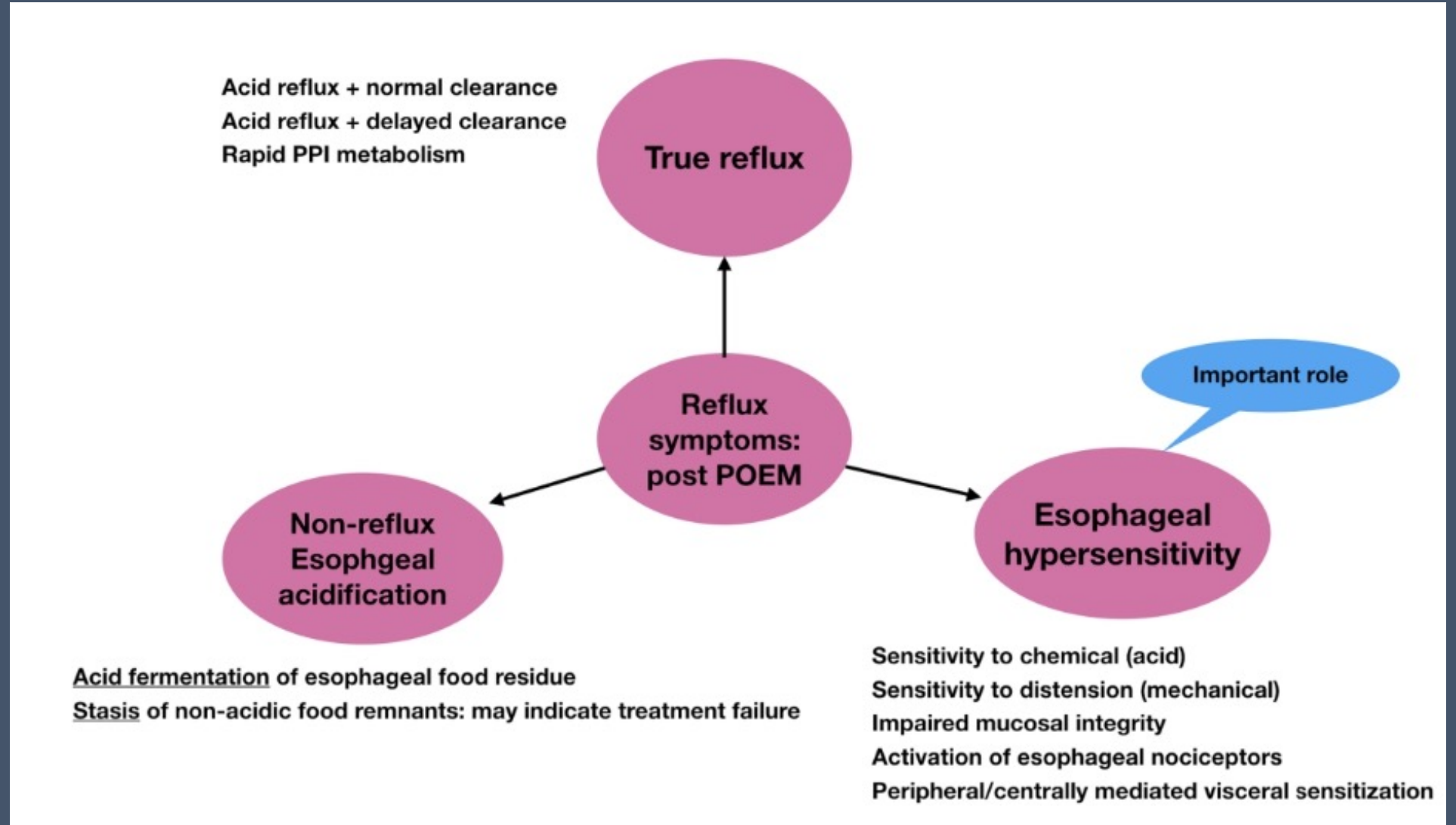
Zaheer Nabi  * and D. Nageshwar Reddy 

	Technique	Current evidence	Future directions	
1.	Orientation of myotomy	Anterior vs. posterior POEM	Clinical success and GERD similar at 1 year (RCTs +)	Long-term follow-up studies
2.	Thickness of myotomy	Selective circular vs. full thickness myotomy	Clinical success similar, GERD may be similar or higher after full thickness myotomy (No RCTs)	Randomized comparison studies, impact on GERD needs to further evaluation
3.	Length of myotomy	Short vs. standard myotomy	Clinical success similar at 1 year, GERD may be similar or higher after long myotomy (RCTs +)	Long-term follow-up studies required to confirm the durability of response to short myotomy
4.	Diverticular POEM	Septotomy vs. no septotomy	POEM alone may be sufficient and septotomy may not be required (No RCTs)	Long term results of POEM without septotomy, comparative studies between the two techniques
5.	Anti-reflux POEM	Sling fiber preservation, NOTES-fundoplication	Both techniques may potentially prevent post POEM reflux (No RCTs)	Quality studies required to confirm the utility of anti-reflux POEM techniques
6.	Submucosal fibrosis	Open-POEM, double tunnel POEM	Both techniques appear be useful in cases with severe SMF (No RCTs)	Safety of O-POEM needs evaluation in future studies



Evolving Concepts about post-POEM GERD

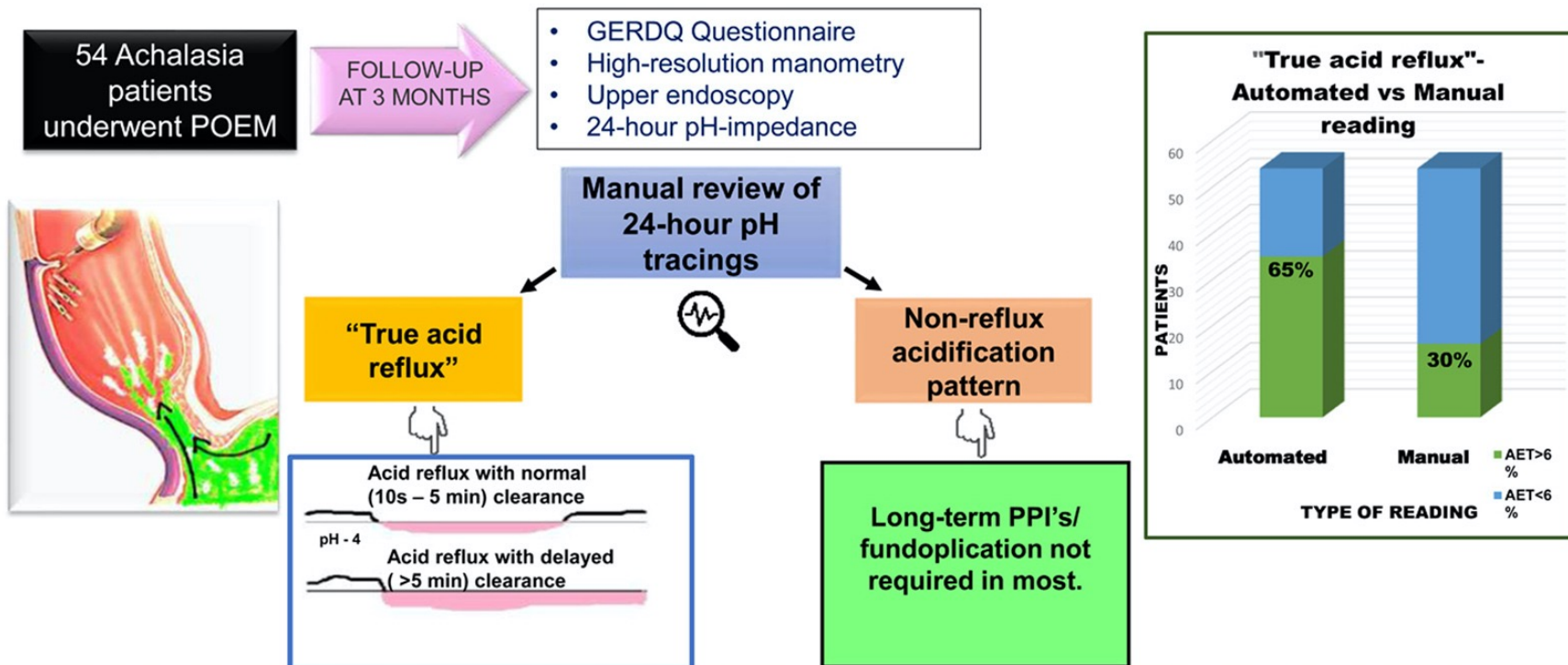
True Reflux ?



Defining the "true acid reflux" after per-oral endoscopic myotomy for achalasia: a prospective cohort study

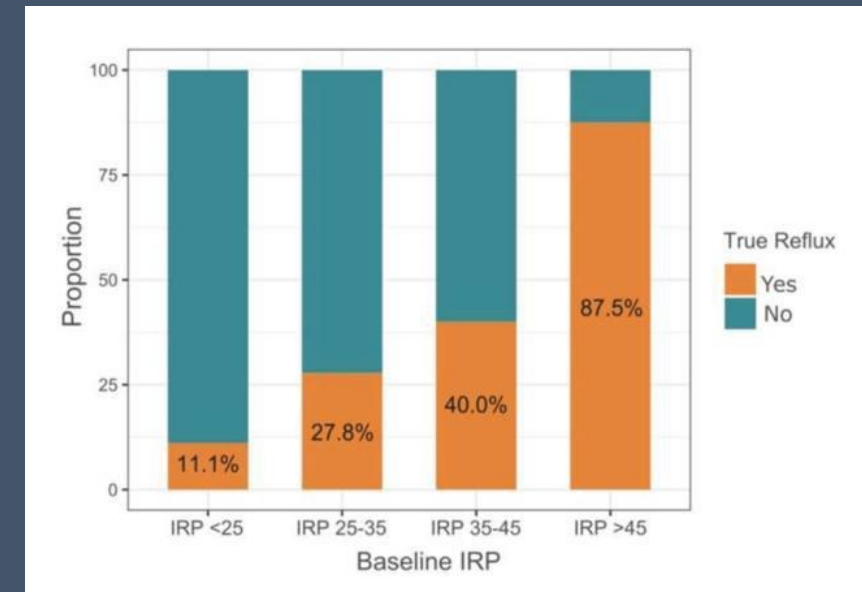
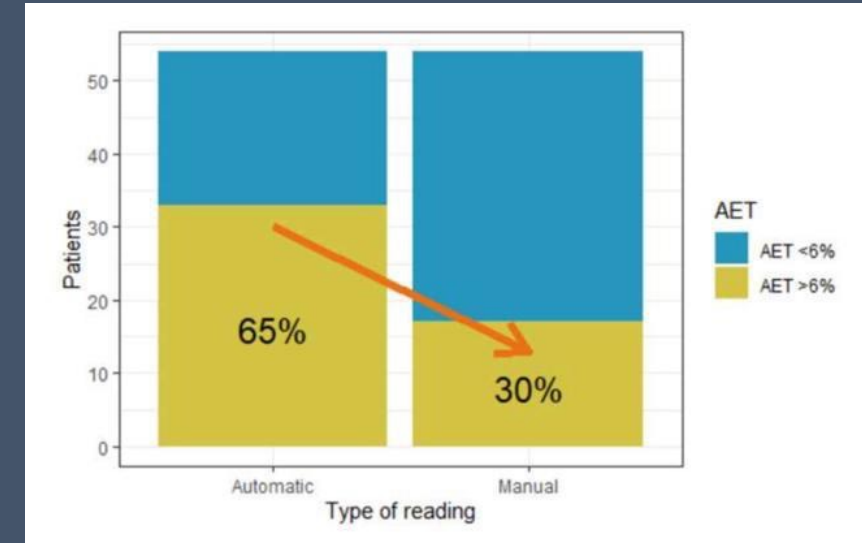
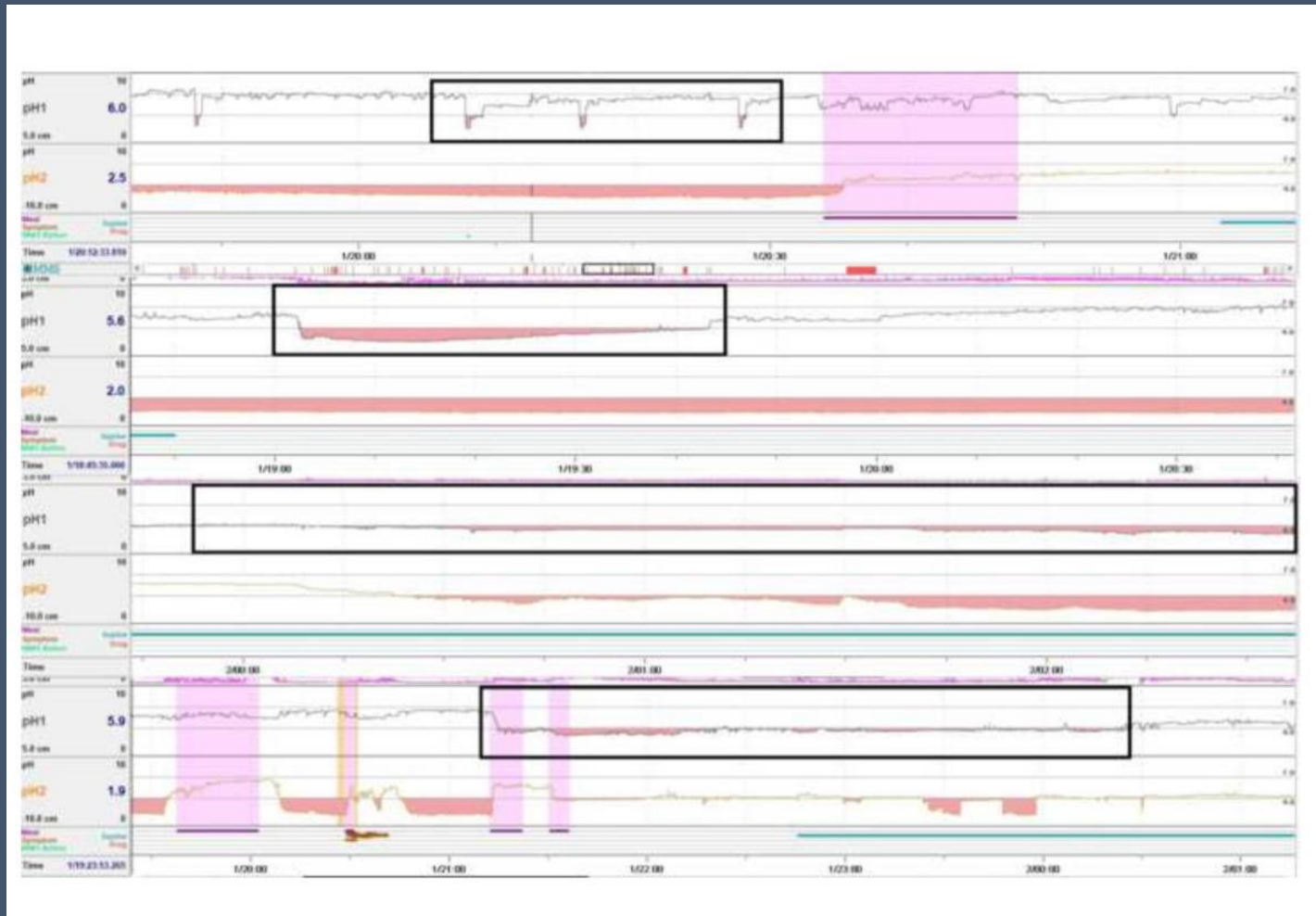
Aniruddha Pratap Singh¹, Neeraj Singla¹, Ekant Budhwani¹, Wladyslaw Januszewicz², Sana Fatima Memon³, Pradev Inavolu¹, Zaheer Nabi¹, Nitin Jagtap¹, Rakesh Kalapala¹, Sundeep Lakhtakia¹, Santosh Darisetty⁴, Duvvur Nageshwar Reddy¹, Mohan Ramchandani⁵

Defining the "True acid reflux" after peroral endoscopic myotomy for Achalasia : a prospective cohort study



Risk factors for post procedural "true acid reflux" - Increasing age & High preprocedural Integrated relaxation pressure (IRP)

Identifying 'True' Acid Reflux



Identifying 'True' Acid Reflux

Acidification pattern	pH drop	Duration
Acid reflux with normal esophageal clearance	Rapid drop in pH <4, drop rate ≥ 1 pH unit/second	10 seconds to 5 minutes
Acid reflux with delayed esophageal clearance	Rapid drop in pH <4, drop rate ≥ 1 pH unit/second	>5 minutes
Acid fermentation	slow drop in pH to <4, drop rate <1 unit/minute	>5 minutes
Stasis of ingested acidic food	pH drop to <4 after ingestion of acidic food or drink	>5 minutes
Unclassified	pH drop to <4	Not specified



Anti-reflux measures during / after POEM

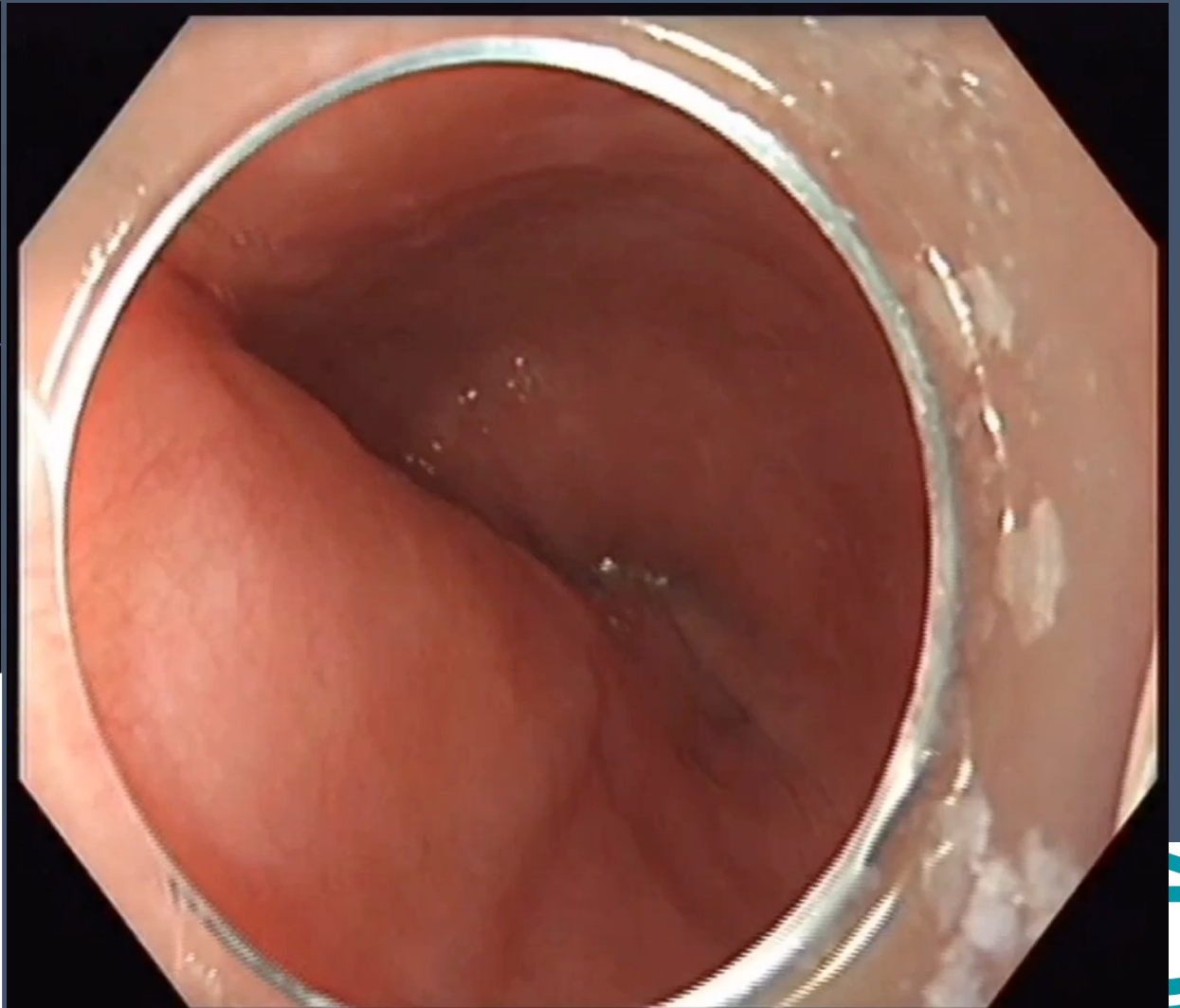
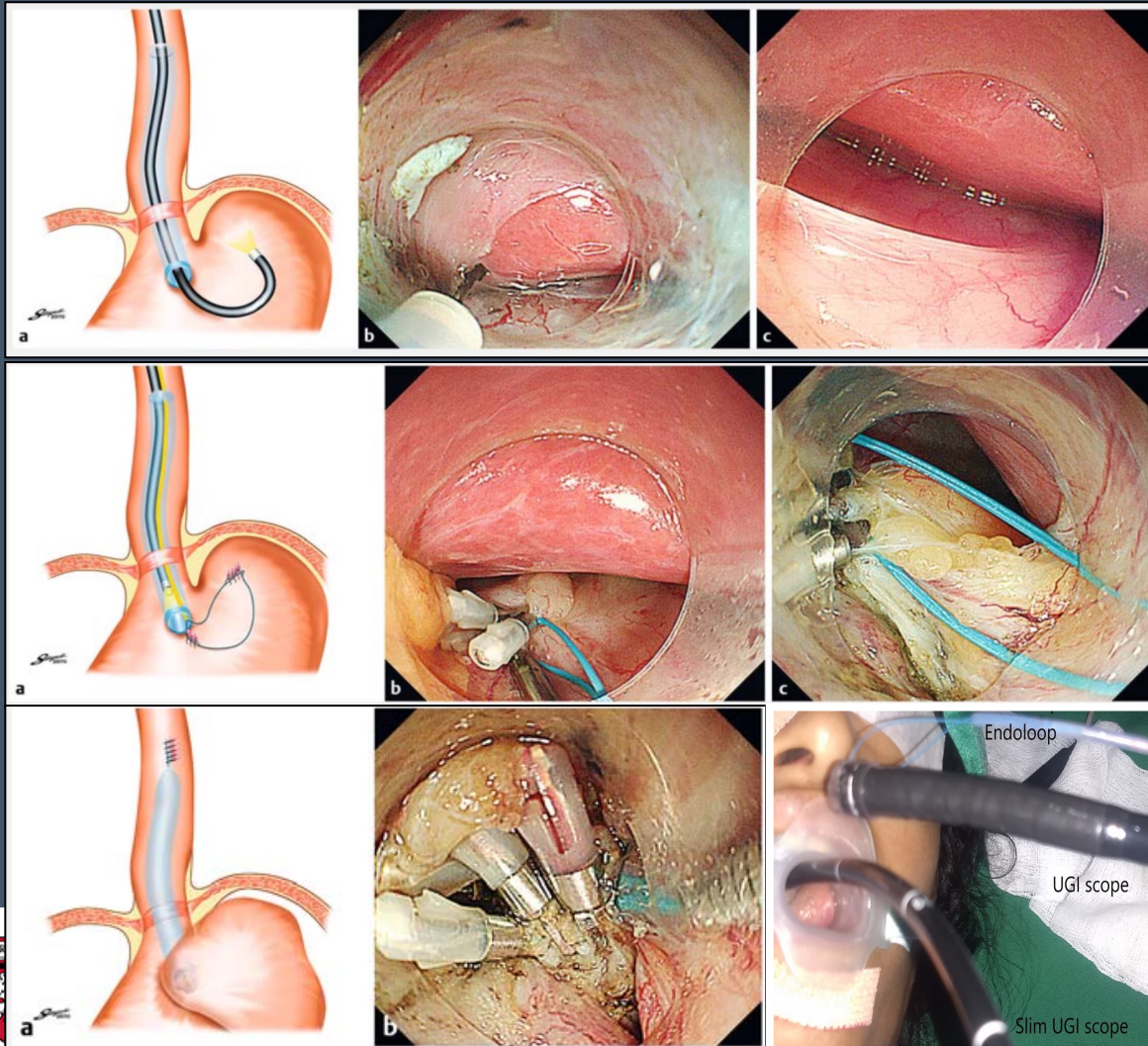
Endoscopic Anti-reflux Procedures

- Transoral Incisionless Fundoplication (post-POEM)
- POEM+F (done during procedure)
- Peroral Endoscopic Fundoplication (done during procedure)
- Endoscopic Full-thickness Plication (EFTP)

Peroral endoscopic myotomy and fundoplication: a novel NOTES procedure

Inoue H et al. Endosc 2019; 51: 161-4

Bapaye A et al. Endoscopy 2020. doi: 10.1055/a-1332-5911



Single-session endoscopic fundoplication after peroral endoscopic myotomy (POEM+F) for prevention of post gastro-esophageal reflux – 1-year follow-up study

GER Parameter		Value	Percent
Total N		23	
GerdQ score ≥ 8		1	4.3
EGD findings available		22 / 23	95.6
Esophagitis LA Grade A		4 / 22	18
Wrap integrity	Intact	19 / 23	82.6
	Loose	1 / 23	4.6
	Indistinct	2 / 23	9.1
	EGD not done	1 / 23	4.6
24-hour ambulatory pH studies		18 / 23	78.3
pH studies	Abnormal DeMeester score	2 / 18	11.1
	Abnormal EAET (> 6%)	2 / 18	11.1

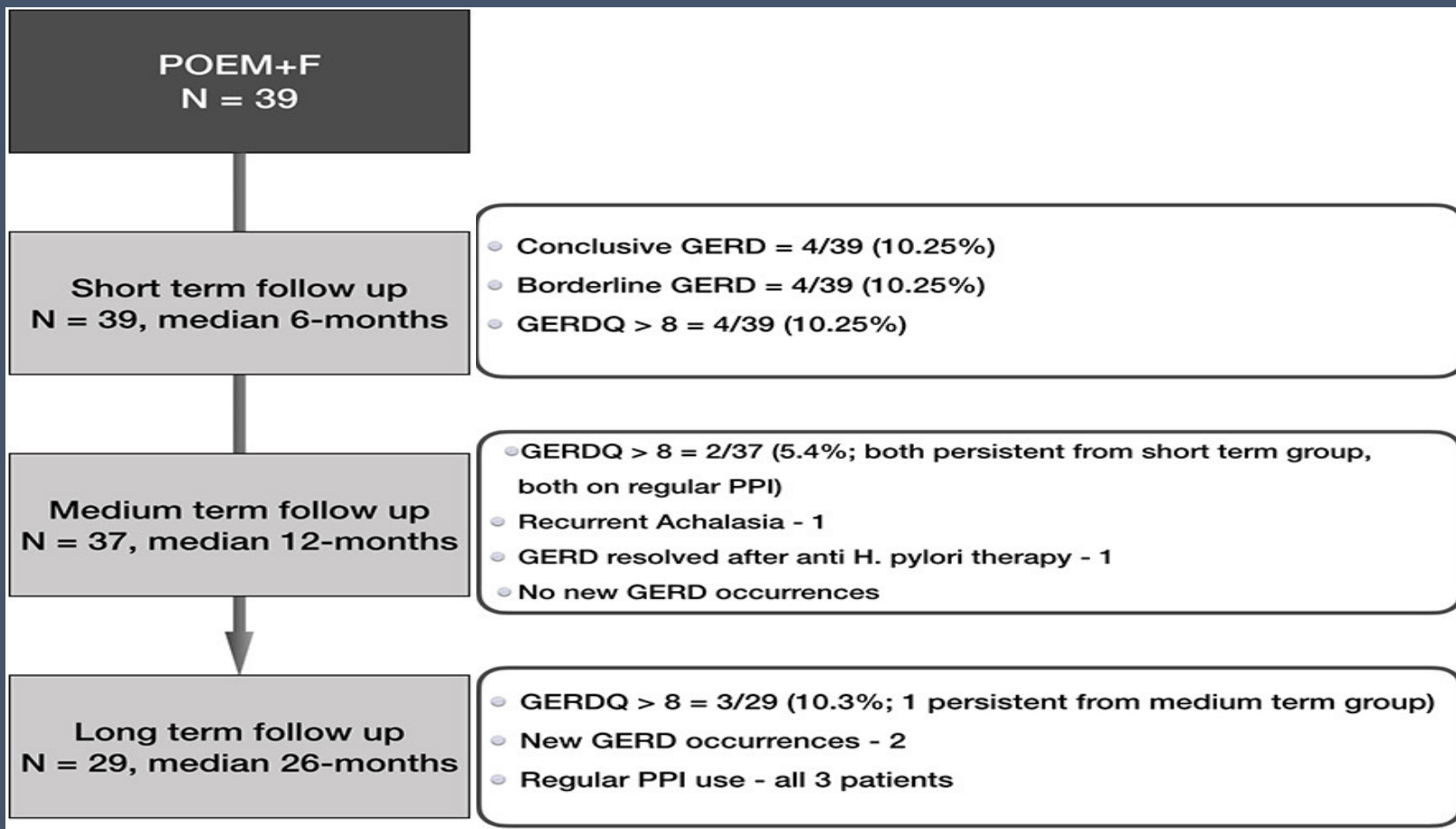


SESSION DAY & DATE: TUESDAY, MAY 24, 2022 SESSION START TIME: 4:00 PM SESSION END TIME: 5:30 PM CATEGORY: ENDOSCOPIC TECHNOLOGY - NEW TECHNOLOGY SESSION
 FORMAT: LECTURE | VOLUME 95, ISSUE 6, SUPPLEMENT, AB272, JUNE 01, 2022

PDF [564 KB] Figures Save Share Reprints Request

CONCOMITANT ENDOSCOPIC FUNDOPLICATION AFTER PER ORAL ENDOSCOPIC MYOTOMY (POEM+F) FOR PREVENTION OF POST POEM GASTRO-ESOPHAGEAL REFLUX – SHORT, MEDIUM AND LONG-TERM OUTCOMES

Ashish Gandhi • Jay Bapaye • Jaseem Ansari • Harsh Bapaye • Tejas Nikumbh • Rajendra Pujari • Amol Bapaye • Show less



LONG-TERM COMPOSITE GASTROESOPHAGEAL REFLUX RELATED CLINICAL OUTCOMES OF PER ORAL ENDOSCOPIC MYOTOMY WITH OR WITHOUT CONCOMITANT ENDOSCOPIC FUNDOPPLICATION (POEM VERSUS POEM+F) IN A MATCHED COHORT OF ACHALASIA PATIENTS FOLLOWED-UP FOR 3 YEARS

Amol Bapaye • Ajay BR • Rohan Yewale • ... Jay Bapaye • Rajendra Pujari • Harshal Gadhikar •

Clinical outcomes		Type of procedure		Risk Ratio	Odds Ratio	P-value
		POEM	POEM+F			
Follow-up duration in months (Median, IQR)		32 (18.5-37)	32.5 (19.75-37)	-	-	NS
Subjective success (n,%)	Yes	26 (76.5)	30 (90)	0.39 (0.11-1.33)	0.33	0.11
	No	8 (23.5)	3 (10)			
Objective success (n,%)	Yes	5 (45.45)	28 (93.3)	0.12 (0.028-0.517)	0.06	<0.001
	No	6 (54.54)	2 (6.67)			

Subjective success: 1 / 1+ positive symptom score

Objective success: Erosive esophagitis LA C/D &/or EAET>6% (Lyon consensus)



LONG-TERM COMPOSITE GASTROESOPHAGEAL REFLUX RELATED CLINICAL OUTCOMES OF PER ORAL ENDOSCOPIC MYOTOMY WITH OR WITHOUT CONCOMITANT ENDOSCOPIC FUNDOPLICATION (POEM VERSUS POEM+F) IN A MATCHED COHORT OF ACHALASIA PATIENTS FOLLOWED-UP FOR 3 YEARS

Amol Bapaye • Ajay BR • Rohan Yewale • ... Jay Bapaye • Rajendra Pujari • Harshal Gadhikar •

Outcomes	Parameter	Duration of follow-up								
		1 year			2 years			3 years		
		POEM	POEM+F	P-value	POEM	POEM+F	P-value	POEM	POEM+F	P value
Subjective	Symptom scores (Median, IQR)	(n=34)	(n=33)		(n=24)	(n=24)		(n=17)	(n=17)	
	GERD-Q	7 (6-7)	6 (6-7)	0.055	6 (6-7)	6 (6-7)	0.123	6 (6-7)	6 (6-7)	0.84
	RSI	2 (0-2)	2 (0-2)	0.222	2 (0-3)	2 (0-3)	0.507	1 (0-2)	0 (0-1)	0.406
	GERD-HRQL	2 (1-5)	2 (0-2)	0.114	2 (0-6)	2 (0-5)	0.579	2 (0-3)	0 (0-2)	0.559
Objective	Endoscopy findings	(n=2)	(n=7)		(n=3)	(n=7)		(n=7)	(n=16)	
	Erosive esophagitis									
	LA Grade A/B	1	1	0.283	2	1	0.097	6	3	0.002*
	LA Grade C/D	0	0	NA	0	0	NA	0	0	NA
	Wrap integrity (POEM+F)	-	6	NA	-	7	NA	-	13	NA



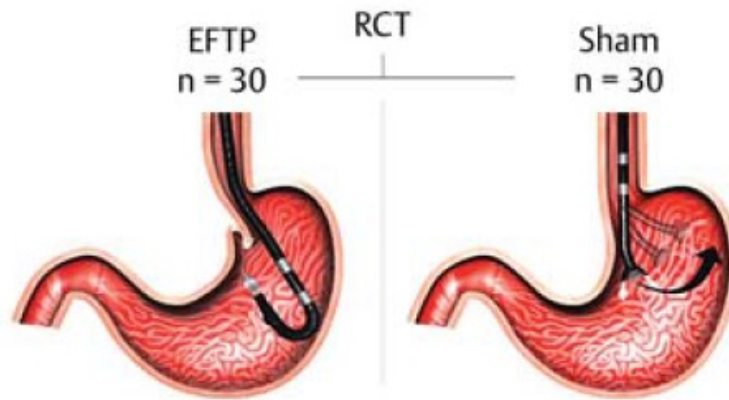
Endoscopic full-thickness plication for the treatment of gastroesophageal reflux after peroral endoscopic myotomy: a randomized sham-controlled study

OPEN
ACCESS

Amit Maydeo¹, Gaurav Patil¹, Nagesh Kamat¹, Ankit Dalal¹, Amol Vadgaonkar¹, Sanil Parekh¹

Endoscopic full-thickness plication for the treatment of post-POEM GERD

Prospective randomized sham-controlled study



	EFTP (n = 29)	Sham (n = 29)
AET <6% (3 months)	69%	10%
PPI usage (6 months)	28%	72%
>50% improvement in GERDQ (6 months)	55%	None

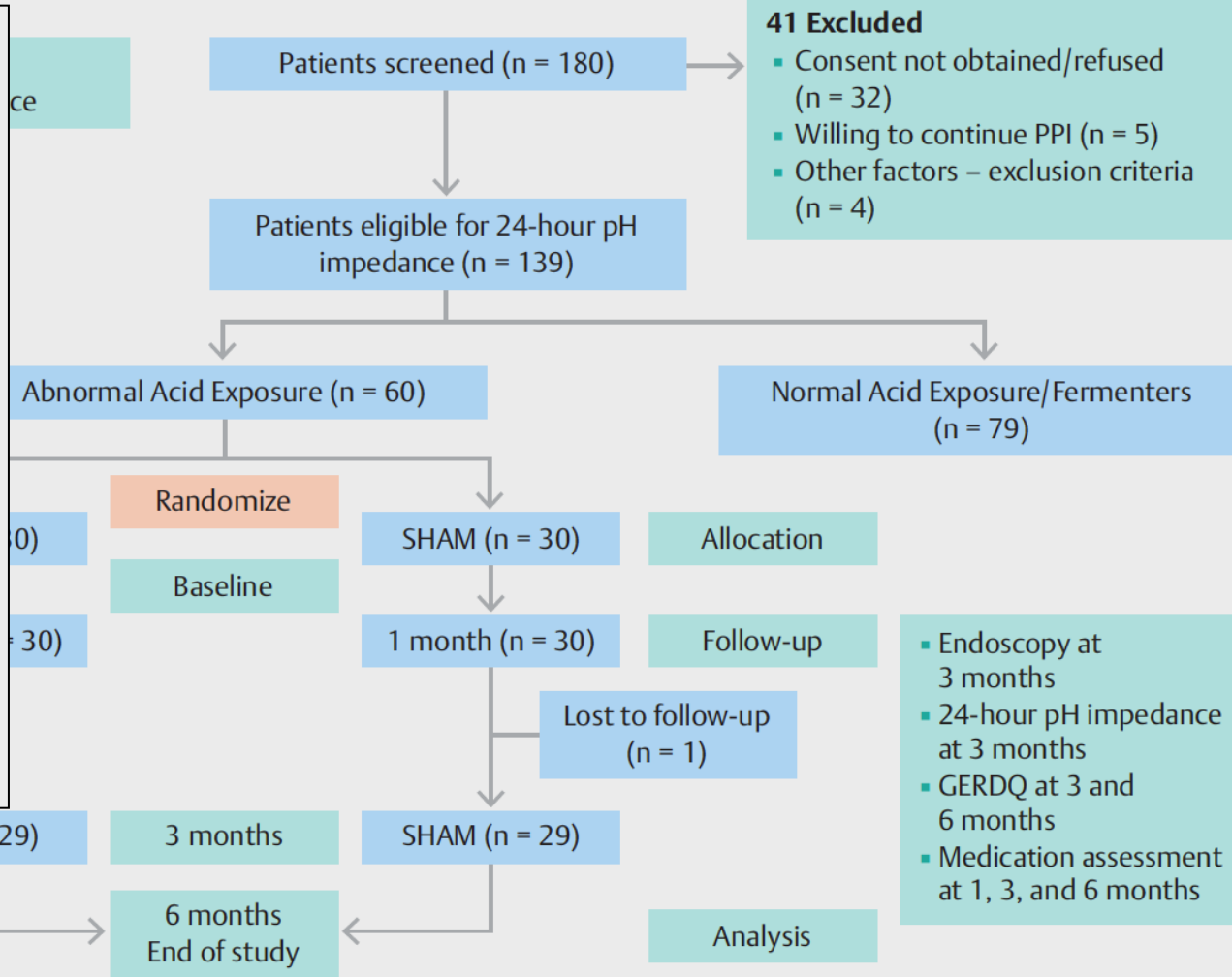
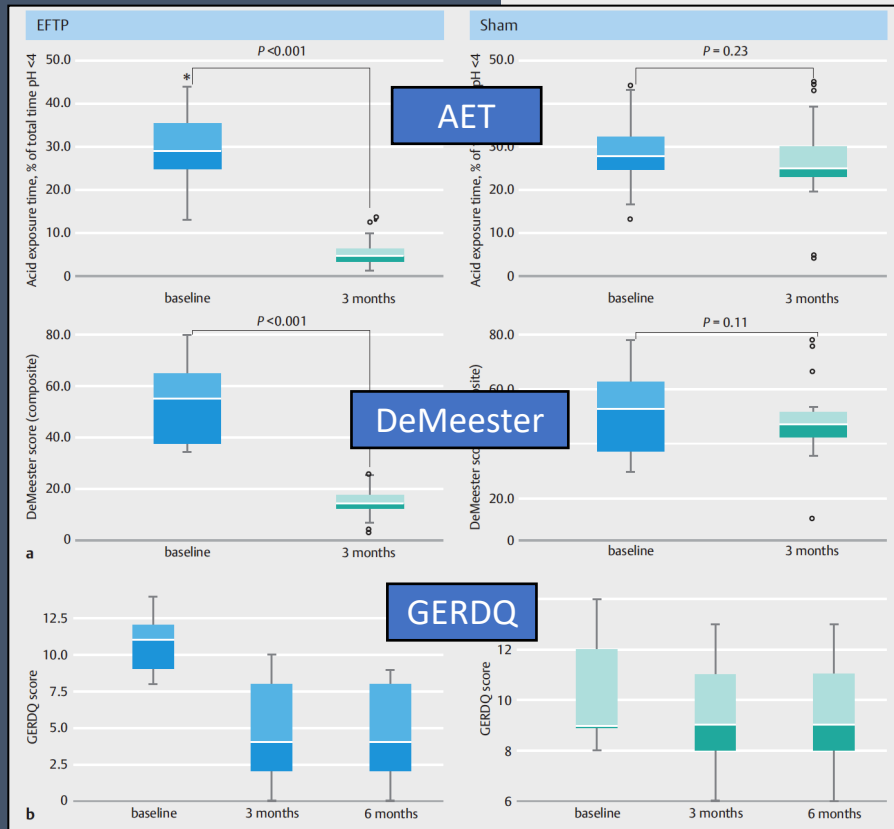
POEM, peroral endoscopic myotomy; GERD, gastroesophageal reflux disease; EFTP, endoscopic full-thickness plication; RCT, randomized controlled trial; AET, acid exposure time; PPI, proton pump inhibitor; GERDQ, GERD Questionnaire.

Endoscopy

Endoscopic full-thickness plication for the treatment of gastroesophageal reflux after peroral endoscopic myotomy: a randomized sham-controlled study




Amit Maydeo¹, Gaurav Patil¹, Nagesh Kamat¹, Ankit Dalal¹, Amol Vadgaonkar¹, Sanil Parekh¹

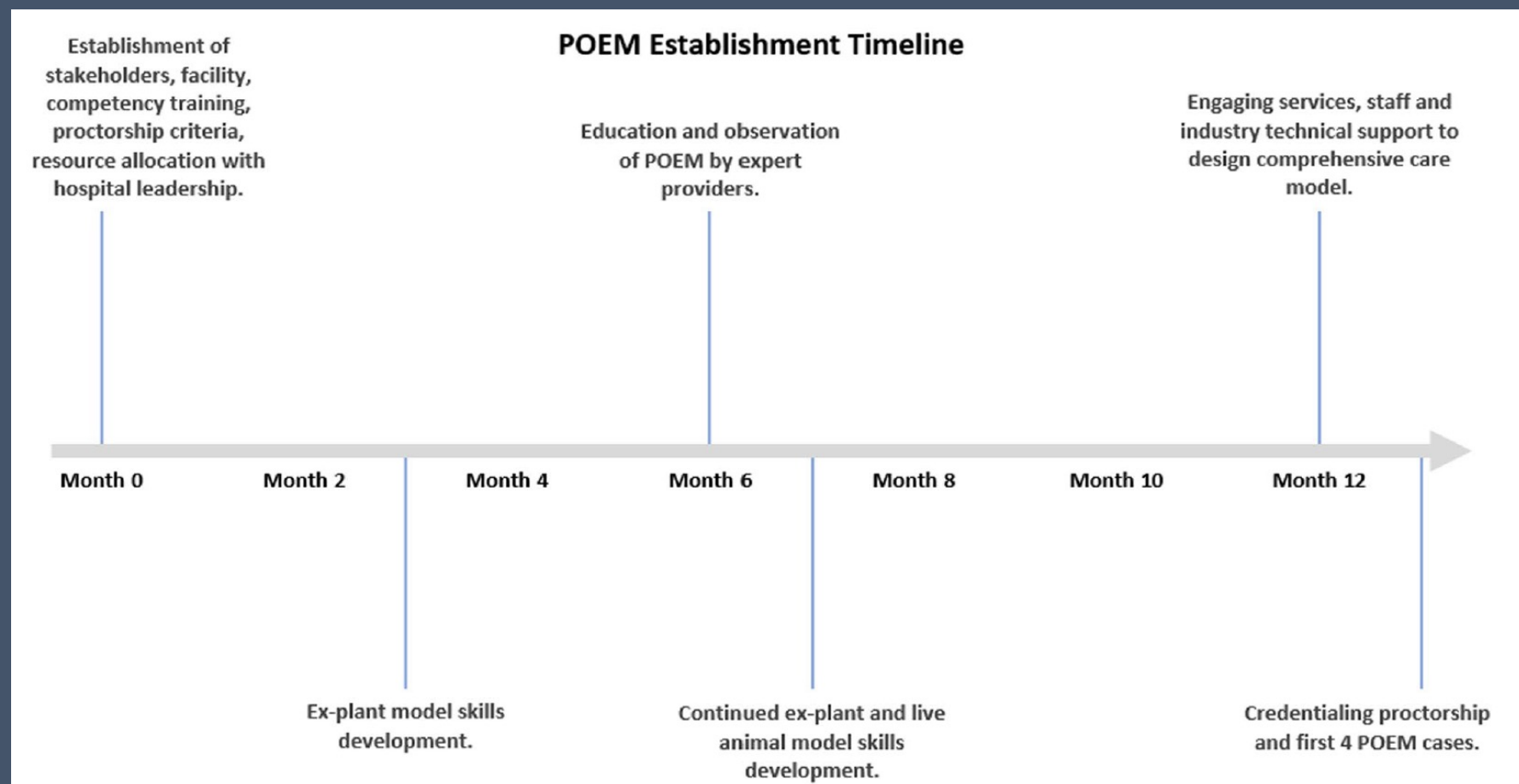


Training & Credentialing for POEM

Successful Design and Implementation of a POEM Program for Achalasia in an Integrated Healthcare System

Lawrence Jun Leung¹  · Gene K. Ma² · Jeffrey K. Lee³ · Norio Fukami⁴ · Howard Chang⁵ · Jonathan Svahn⁶ · Ming-Ming Xu⁷ · Steven Lam¹ · Amita Risbud¹ · Terry L. Jue^{3,4}

- Developing multi-disciplinary clinical program for POEM
- Steps to achieve proficiency in POEM
- Technical success – successful tunnelling into cardia + LES myotomy
- Clinical success – post-POEM ES ≤ 3 @ 3–6m & 12m

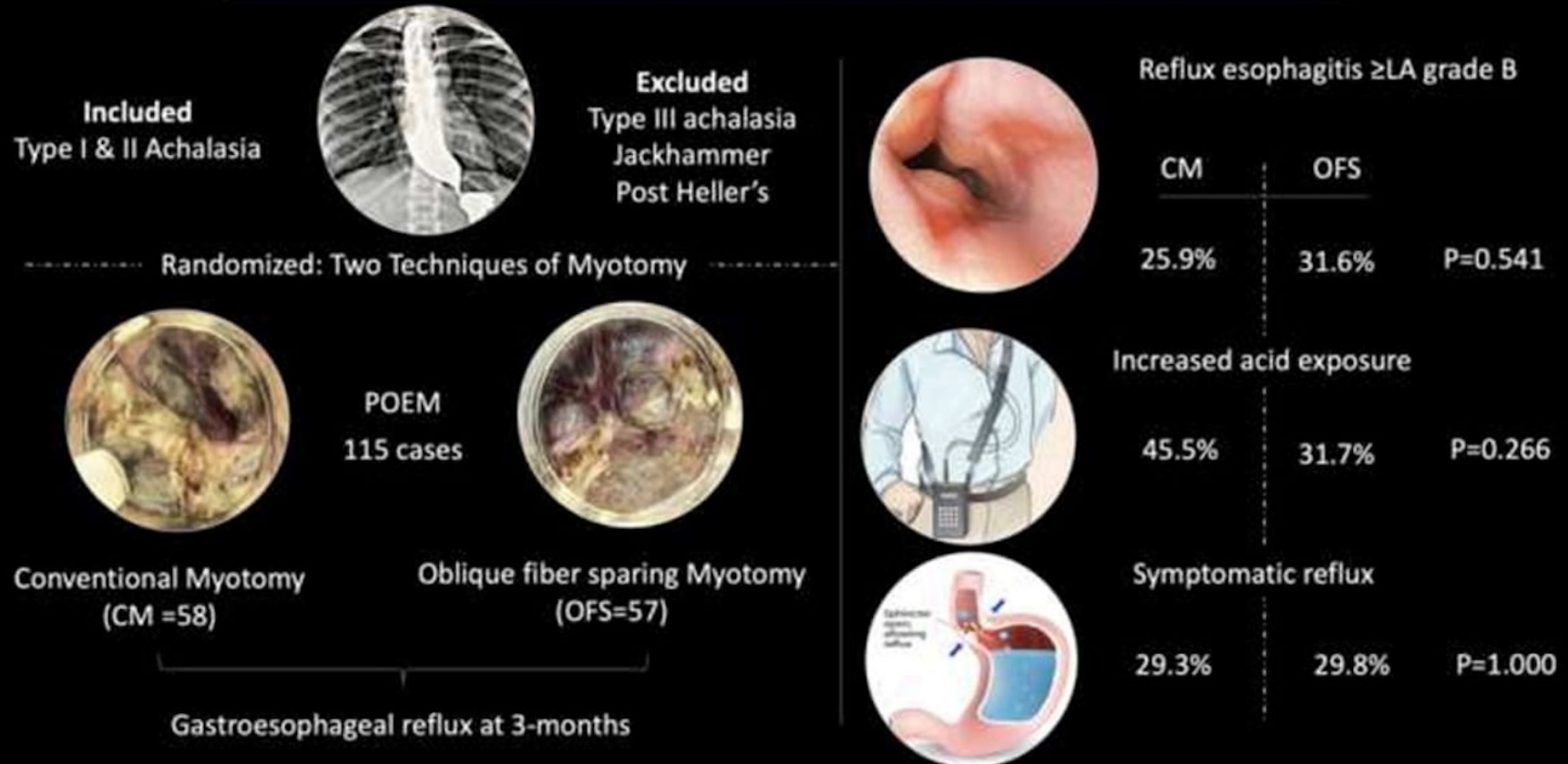


Some Myths Busted !!!

How Important are Sling Fibers ?

Conventional Versus Oblique Fiber Sparing Endoscopic Myotomy for Achalasia Cardia

Sparing of sling fibres does not reduce significant reflux esophagitis after POEM



POEM in Failed LHM

- Sling fibers & GERD ?

POEM turns 13 / 15 this year ! TEENAGER !

It is –
Effective !
Ambitious !
Enthusiastic !

Yet remains –
Exploratory !
Temperamental !
Holds Promise !

- Measures to control GERD –
 - POEM+F – long-term results
 - EFTP

**Post-POEM
GERD -
understanding**

- 'True' vs 'False' GERD

line therapy for AC
 ent short- & long-term outcomes
 re for post-PD & post-LHM recurrences

- Myotomy length –
 - Esophageal
 - Gastric
- Role of EndoFLIP
- New Devices





HARVARD
MEDICAL SCHOOL



Thank You !

