

# Laparoscopic anterior cardiomyotomy plus anterior Dor fundoplication without division of lateral and posterior periesophageal anatomic structures for treatment of achalasia of the esophagus

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Laparoscopic cardiomyotomy is the treatment of choice for patients with achalasia of the esophagus. Several different techniques and modifications have been reported concerning the approach (thoracoscopic or laparoscopic), type and length of the myotomy, with or without fundoplication, type of fundoplication, etc. In this prospective study, we report our simplified technique for anterior cardiomyotomy with Dor fundoplication and the results obtained using this procedure. Only the anterior wall of the esophagus was exposed without dissection of the lateral or posterior periesophageal anatomic structures for the technique. Twenty-five patients were operated by a single surgeon. The diagnosis was based on the clinical, radiologic, endoscopic, and functional esophageal tests. Achalasia was classified into 3 types: achalasia type I was diagnosed in 5 patients, type II in 6 patients, and type III in 14 patients. Manometry demonstrated a mean resting pressure of 33.5 mm Hg (range, 18 to 55),