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Aim: Aim of this study is to determine the impact of laparoscopic Heller myotomy on patients' symptoms with esophageal achalasia by evaluating pre-operative and post-operative Eckardt's score.

Method: e patients involved in this study were diagnosed with esophageal achalasia and underwent laparoscopic Heller myotomy (LHM) between 2008 and 2015, at King Saud University- Medical City, Saudi Arabia. Record of 25 patients who underwent LHM was reviewed; out of these only 19 patients met the inclusion criteria who were included to conduct a retrospective cohort designed study. Patients' demographic data, time of admission, hospital stay and surgical complications were obtained through Hospital Information System (HIS). Clinical symptoms were assessed using the Eckardt's score, which is the sum of the individual symptom score for dysphagia, regurgitation, retro-sternal pain and weight loss. e pre-operative score was collected before the surgery in the surgical clinic. e post-operative score was collected by contacting the patients via telephone. e post-operative Eckardt's score was recorded twice; rst, between 3 to 6 months a er the surgery and second, at the time of the phone call (January 2016).

Results:A total of 19 patients were included in the study with a mean age of 36.6 years, 13 of them were males (68.4%). e mean of the pre-surgical Eckardt's score was 6.2 which was improved to 1.3-2.5 a er laparoscopic Heller myotomy (P<0.01), with a clinical remission of 84.2% a er the surgery.

Conclusion: Laparoscopic Heller myotomy is an e ective procedure in achalasia patients with clinical remission of 84.2%.

Biography

Nouf Suliman Alballa is a 4th year Medical Student at King Saud University, Riyadh, Saudi Arabia. His research project has been supervised by Dr. Sami Al-Nassar, Head and Division of Thoracic Surgery at King Saud University- Medical City, Saudi Arabia. He is working on two other research projects.

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