



Peroral endoscopic myotomy (POEM)

Information for patients attending King's College Hospital site only

This information leaflet answers some of the questions you may have about having a peroral endoscopic myotomy (POEM). It explains the risks and the benefits of the procedure and what you can expect when you come to hospital. If you have any more questions, please do not hesitate to contact a member of staff.

Endoscopy Unit

Reception	020 3299 3599
Pre-assessment Clinic	020 3299 2775
Nurses' Station	020 3299 4079

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your name and date of birth and check your ID band. If you do not have an ID band we will also ask you to confirm your address. If we do not ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

www.kch.nhs.uk

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Important information

Please make sure you read and follow the instructions in the following sections on pages 6 and 7:

- Do I need to prepare for the test?
- Do I need to stop taking my medication?
- What will I need on the day of the test?
- Things to remember

Failure to follow this advice will result in your appointment being cancelled.

What is a peroral endoscopic myotomy (POEM)?

POEM is a procedure we use to cut the muscles in your oesophagus (food pipe) which are not working properly and making it hard for you to eat and swallow.

The procedure is done entirely through endoscopy. This means you have no skin wounds or stitches as you would have after a surgical procedure.

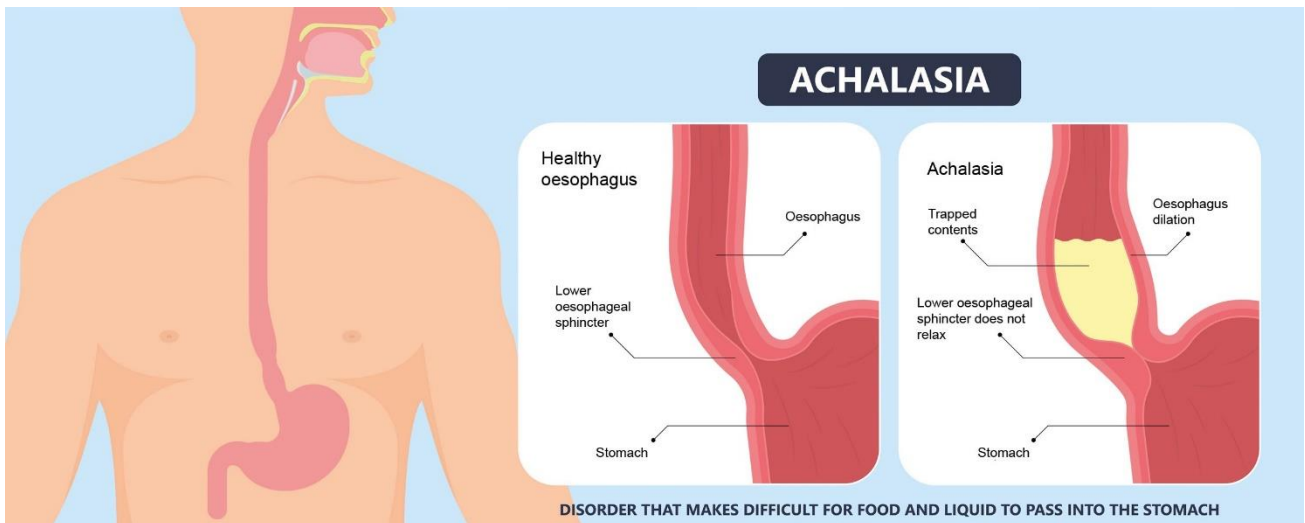
The procedure is like having a gastroscopy. A long, thin flexible tube called a gastroscope is passed into your mouth and down into your stomach. The gastroscope is thinner than your little finger and has a camera in its tip which sends video images of the inside of your stomach and intestine to a monitor screen.

The endoscopist will then make a 1cm cut in the inner layer of the oesophagus (food pipe) wall using the electrosurgical 'knife' and seal it with temporary clips after the procedure, so there are no holes or breaks in the lining.

They then make a 'tunnel' under the inner lining of the oesophagus, so the muscles can be cut lengthways, right down to the sphincter and a little way beyond, into the stomach. See the diagram on page 8. This cut means that symptoms such as chest pain can also improve after POEM. You have the procedure under a general anaesthetic (GA) so you will be asleep.

Why do I need this procedure?

You have a condition called achalasia, where the ring of muscle (sphincter) at the bottom of your food pipe is overactive. The ring becomes bulkier and does not open normally so it is hard for food to pass through easily.



Achalasia also affects the two layers of muscles that run along the length of your oesophagus (longitudinal) and around it in rings (circular) which push food down into your stomach.

You may feel like food is sticking in your chest and it can often be painful.

What are the benefits?

This procedure will help the muscles in your oesophagus to relax.

The procedure is done entirely through endoscopy. This means you have no skin wounds or stitches as there would be after a surgical procedure.

What are the risks?

A POEM is a safe procedure, and serious complications are very rare.

- **Bleeding** may occur during the procedure. This will be controlled immediately using the electrosurgical knife to cauterise the blood vessels. On rare occasions this may lead to a blood transfusion.
- **Perforation** (a hole in your oesophagus wall) which may require admission to hospital and possible surgery. This happens in less than one case in one hundred.
- **Infection** is extremely rare. We spray liquid antibiotics along the inside of your oesophagus wall during the procedure to prevent this.
- **Aspiration** (inhalation of stomach contents) which may lead to pneumonia, happens rarely.
- **Missed lesions.** If the stomach is not clear of food or you are unable to hold the air we place in your stomach to inflate it, there is a small risk of abnormalities not being seen. If the endoscopist feels the views were unclear, they may request that you have a repeat gastroscopy at a later date. Abnormalities are rarely missed.
- **Failure to complete the examination.** There is a small risk that your procedure will fail. POEM works better for some symptoms and types of achalasia than others. Success also depends on what type of treatment you have had before. Most people are better off after the procedure. Your doctor will let you know how successful POEM is likely to be for you before you have the procedure.

- **A sore throat or crackling sensation under the skin** is common for a few days after the procedure.
- **Dislodged teeth, crowns or bridgework.** There is a small chance that loose teeth, crowns or bridgework can be dislodged during the procedure. If you have any of these, please inform the anaesthetist before the procedure.
- **Drug reactions** are very rare. The anaesthetist giving you the GA will discuss this with you before the procedure. Please see the section 'What happens when I go home' on page 9, to know what symptoms to look out for in the first week and what to do about them.

As a result of any of the above risks, there is the possibility that you may be admitted to the hospital for observation or further treatment.

Are there any alternatives?

You can have laparoscopic (keyhole) surgery, but this is not always the best option for achalasia. We will discuss the possibility of surgery with you if we have not already done so.

Achalasia can also be treated using a balloon to stretch your oesophagus. This is also done using endoscopy. It can work but is not permanent. If you have had keyhole surgery or balloon stretches for achalasia before, you can still have POEM.

The other alternative is not to have the procedure at all. This would result in no diagnosis being made or treatment performed. If you have concerns, speak with your endoscopist before signing the consent form.

Do I need any tests before the POEM?

You have already had tests such as gastroscopy, barium swallow and manometry. These show us which type of achalasia you have and how much muscle needs to be cut during the POEM.

The doctors who are going to do the procedure will see you in the outpatient clinic beforehand. They will explain what they plan to do and you will be able to talk to them about any aspect of the procedure.

Do I need to have a general anaesthetic?

All POEMs are performed under general anaesthetic (GA). You will be unconscious during the test and you will have a thin tube inserted into your lungs to help you breathe.

Someone must come to collect you and take you home afterwards. You must not travel home in a taxi alone. We cannot give you a GA unless you arrange someone to collect you. The effects of the GA can last longer than you think. Please see 'Advice after having a general anaesthetic' on page 9.

Some patients may need to be admitted overnight for observation. This should be discussed with you during your pre-assessment.

Will it hurt?

This procedure will be performed under general anaesthetic (GA) and therefore you will not experience pain or discomfort during the procedure.

After the procedure, you may experience a sore throat or other pain (see 'What are the risks?' on pages 4 and 5). It is not unusual to experience mild chest pain or discomfort when swallowing.

Do I need to prepare for the procedure?

- If you are expecting to go home after the procedure you must arrange an escort to collect you from the department and stay with you for at least the first 24 hours. We cannot give you a general anaesthetic unless you arranged this.
 - See 'Do I need to have a general anaesthetic?' on page 5.
 - See 'Advice after having a general anaesthetic' on page 9 for advice about things you should not do during the first 24 hours after having general anaesthetic.
- If clinically required, some patients may be admitted overnight for observation. This should be discussed with you during your pre-assessment.
- You should stay within a one-hour travel radius of the hospital on the night after the procedure. If you live outside of the M25 area, we will ask you and your escort to book a hotel nearby or stay with friends or relatives within the M25 area.
- This procedure requires you to have a nursing pre-assessment before the date of your procedure. If we are unable to contact you for your pre-assessment, we will not be able to advise you how to prepare for your procedure. Therefore, the procedure may be cancelled on the day.
- We need to get a clear view of your stomach, so it must be empty.
 - **You must have liquids only and no solid food for 72 hours before your procedure date.**
 - Suitable liquids include broth and soup, ice pops, tea or coffee with milk or cream and nutritional supplements.
 - **You must stop drinking liquids (nil by mouth) at least 6 hours before your procedure.**

Do I need to stop taking my medication?

If you are taking any medications which you have been told may thin your blood, inform the nurse during your pre-assessment. You may need to stop taking them for a short time.

If you are taking any other medications, including for diabetes, discuss with the pre-assessment nurse if they need to be stopped before the procedure.

What will I need on the day of the test?

- Please wear comfortable, loose clothing.
- Please bring a list of any medications that you are currently taking.
- Please bring your reading glasses as you will need to read and sign your consent form.

- You may want to bring something to read while you wait or headphones to listen to music or a podcast.
- Please bring your appointment letter if you were sent one.
- You will need to change into a hospital gown for your test, so you may want to bring a dressing gown and slippers to wear for walking to the toilet.
- Please bring a re-usable bag to put your belongings in while you are having your test or procedure.
- Please consider walking or using public transport on your way to the hospital, if you can, to reduce the carbon footprint of your appointment.
- If you use NIPPY ventilator at home for sleep apnoea, please remember to bring it with you.
- There is no general public car parking at King's College Hospital, Denmark Hill site. Please see the following website for further information: www.kch.nhs.uk/patientsvisitors/getting-to-kings/parking

Things to remember

- Your appointment time is the time you are expected to arrive in the department. However, if you are not staying in hospital overnight, you should plan to be in the Endoscopy Unit for the whole day. The department has 5 rooms running at the same time and also accommodates emergencies. Someone with a later appointment than you may be seen before you. If you have any concerns, please ask a member of staff.
- Please do not bring children with you unless there is someone to look after them. We do not have any childcare facilities in the unit.
- We cannot take responsibility for any valuables, but your things will always be kept with you (on a shelf on the examination trolley).
- The waiting room has limited seating. Only one person can remain in the waiting room throughout your stay. They will not be allowed into clinical areas.

What happens when I arrive for my procedure?

When you arrive, a nurse will complete the health assessment form with you if you have not already done so. The endoscopist who is going to do your test will come and explain the procedure to you. An anaesthetist will also see you.

Consent

We must by law obtain your written consent to any procedures beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to ask to speak with a senior member of staff.

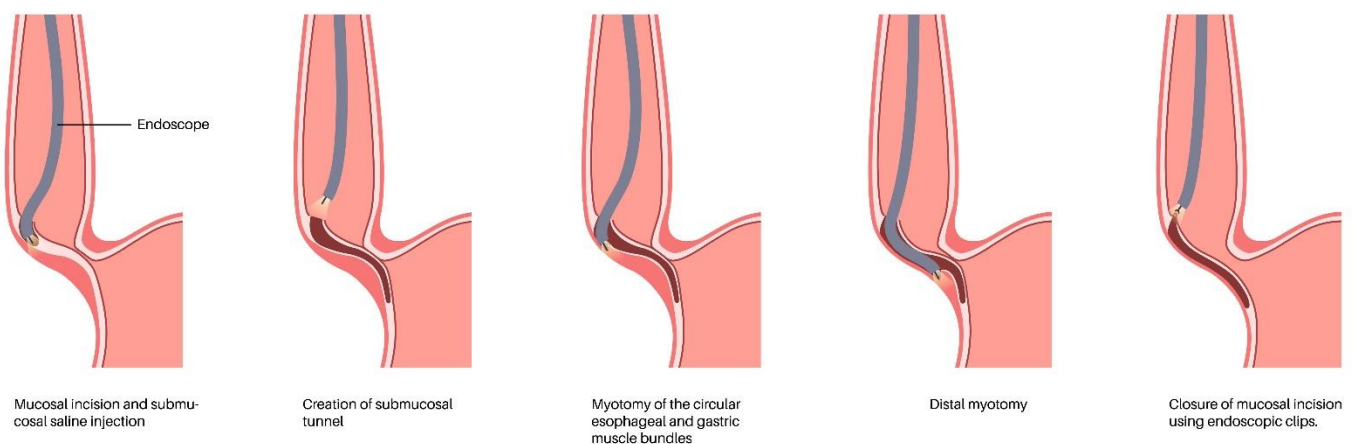
What happens before the procedure?

We will ask you to change into a hospital gown in a changing cubicle and then make you comfortable while you wait for your procedure.

A nurse or doctor will put a cannula into your arm or hand. This is a very thin plastic tube through which they can give you any medication required. You will then be taken into the procedure room.

A nurse will attach you to a monitor so your vital signs can be measured during the procedure. Once the anaesthetic is working, the anaesthetist will gently push a breathing tube into your throat. The procedure will start once the anaesthetist is satisfied the general anaesthetic has taken full effect.

What happens during the procedure?



- The doctor will gently push the gastroscope into your oesophagus through your mouth. They will make a 1cm cut in the inner layer of the oesophagus wall using the electro-surgical 'knife' and seal it with temporary clips after the procedure, so there are no holes or breaks in the lining.
- They then make a 'tunnel' under the inner lining of the oesophagus, so the muscles can be cut lengthways, right down to the sphincter and a little way beyond, into the stomach. This cut means that symptoms such as chest pain can also improve after POEM.
- Photographs and video images will be taken during the procedure for the purpose of adding clinical information to your medical notes. Additional consent is required for these images to be used for any other purpose.

How long does the procedure take?

It usually takes about 60 to 90 minutes. If your muscles are thick and bulky, it can take a bit longer.

What happens after the procedure?

You should plan to be in the Endoscopy Unit for the whole day. This is to give you time to recover and allow for any unforeseen delays. You will need to stay until the effects of the GA have reduced.

If you are staying overnight, a nurse will take you to your allocated ward once you have recovered from the anaesthetic.

You will not be able to eat at all for the first 24 hours after the procedure. This is to ensure that the first cut in the lining of your oesophagus has time to heal and that any swelling inside you caused by your procedure has gone down. We will give you fluids, medication to reduce the amount of acid in your stomach and painkillers through the cannula that was put in before your procedure.

Advice after having a general anaesthetic

After a general anaesthetic, you may feel tired, dizzy or weak. If you are going home after the procedure, you must have someone to collect you from the Endoscopy Unit and stay with you for at least the first 24 hours.

During the first 24 hours you should not:

- drive a car
- operate machinery (including kitchen appliances)
- drink alcohol
- take sleeping tablets
- sign legal documents
- look after young children and/or dependents alone.

What happens when I go home?

We will observe you very closely after the procedure for the symptoms below. When you have gone home, if you have any of these symptoms in the first week after having the POEM, let us know straight away using the contact numbers on the front of this leaflet.

- swallowing problems
- vomiting
- severe chest or tummy pain
- swollen abdomen (tummy)
- fever (high temperature).

Please contact your GP if you have any of the following symptoms:

- severe or continuous pain in your neck, chest or abdomen
- persistent nausea or vomiting
- black (tarry) poos
- temperature of 37.4°C and higher
- chills.

When will I get my results?

Before you leave, we will give you a copy of your test report. We will also give you any instructions you need. We will also send a copy of the test report to your GP (home doctor).

When can I start eating normally again?

It is important that you follow the instructions below to make sure you get the best possible results from your procedure.

- **Week one:** in the first week, you can have **liquids only** – nothing thicker than tomato soup. You can take your usual medications.
- **Week two:** in the second week, you can start eating **pureed food** as well as liquids.
- **Week three:** in the third week you can start eating a **normal diet**.
- **Beyond:** many people tell us it takes longer to get used to how and what to eat – even up to 6 to 8 weeks after the procedure. Take it slowly and don't worry if you still have some symptoms. These should not stop you from eating.

Who can I contact with queries and concerns?

If you have any questions about POEM, before or after your procedure, 9am to 5pm, Monday to Friday, call:

- Dr Hayee's secretary, tel **020 3299 6044**
- Mr Haji's secretary, tel: **020 3299 3268**

At all other times, if you have concerns after your procedure, please call your GP (home doctor) or local Emergency Department (A&E). If you need to do this, insist they contact Dr Hayee or Mr Haji via King's switchboard on **020 3299 9000**. POEM is a highly specialist procedure and needs specialist input at all stages. We will also give you an emergency contact number.

The Endoscopy Department is working hard to reduce the impact of its service on the environment, to find out more please see www.kch.nhs.uk/services/services-a-to-z/endoscopy/

Sharing your information

King's College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas' hospitals. King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit www.kch.nhs.uk.

Care provided by students

We provide clinical training where our nursing students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams. The PALS office is located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road – staff will be happy to direct you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: 020 3299 3601

Email: kch-tr.palsdh@nhs.net

If you would like the information in this leaflet in a different language or format, please contact our Communications and Interpreting telephone line on 020 3299 4826 or email kch-tr.accessibility@nhs.net