Botox was commissioned for Oesophageal achalasia

The Pathway presents the UHBW Clinical Guidance Document v1.3 Achalasia and UHBW Achalasia Assessment Tool. NBT are in agreement with the Clinical Guidance produced.

Background

Achalasia is a chronic oesophageal motility disorder of unknown cause that manifests as symptoms of dysphagia, with pooling of food and secretions in the lower oesophagus. Symptoms include difficulty swallowing, bringing back up undigested food, choking and coughing fits, heartburn, chest pain, repeated chest infections, drooling and gradual but significant weight loss. The onset of symptoms is often insidious, usually between the ages of 25 and 60 years, and symptoms gradually progress over a period of years

Diagnosis of Achalasia

The diagnosis of achalasia requires static high resolution manometry (HRM). Diagnostic criteria on HRM include:

- Absence of peristaltic contractions in the lower oesophagus (absolute criterion)
- High pressure in lower oesophageal sphincter (LOS) at rest
- Failure of / incomplete relaxation of LOS after swallowing

Criteria for Botox Treatment

Symptoms and management options will be discussed with the patient at their clinic appointment. Symptoms and impact on Quality of Life (QoL) will be assessed by:

- Dysphagia Score(Mellow & Pinkas, Knyrim *et al* 1993): Score 0 – Able to eat normal diet / no dysphagia; Score 1 – Able to swallow some solid food; Score 2 – Able to swallow semi-solid food; Score 3 – Able to swallow liquids; Score 4 – Unable to swallow anything / complete dysphagia
- Percentage weight loss during time with symptoms
- Malnutrition Universal Scoring Tool (MUST)
- Chest pain, regurgitation, pulmonary symptoms
- Co-morbidities

See 'Achalasia Assessment Tool' for more detailed information.

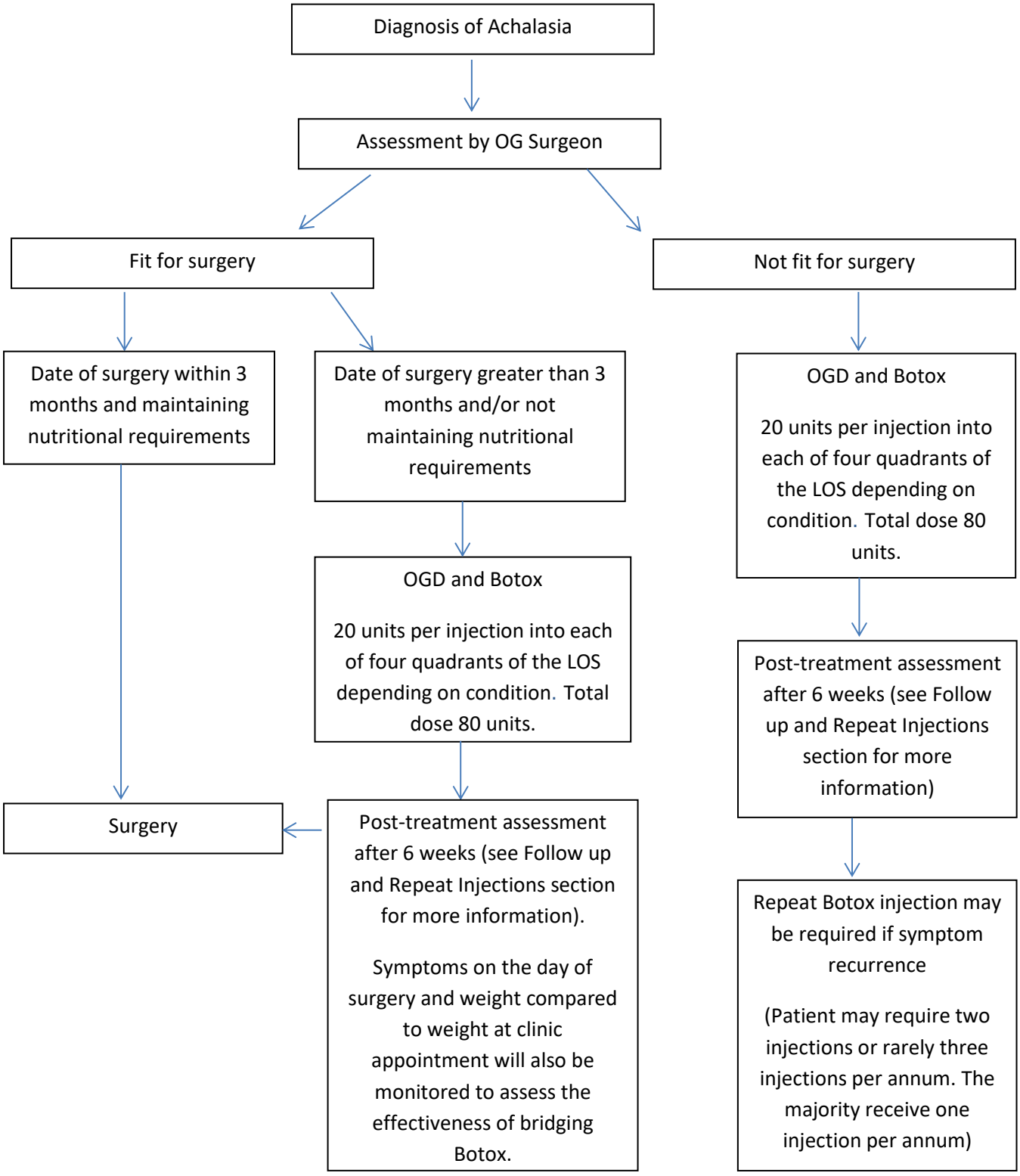
Botox will be suitable for predominantly two groups of patients:

1) Patients who are NOT fit for surgical intervention (or through shared decision making do not wish to undergo surgery following appropriate counselling of the risks and benefits).
2) Patients who are suitable for surgery and who wish to go ahead with surgical intervention but who have intolerable symptoms that impact on meeting their nutritional requirements, so require intervention prior to surgery as a bridging tool.

Botox is should be used with caution:

- In patient with neuromuscular disorders, such as Myasthenia Gravis
- In patients taking other muscle relaxants
- In patients taking aminoglycosides
- In patients who are pregnant or breastfeeding.

Use of Botulinum Toxin A for Oesophageal achalasia



<u>Follow Up and Repeat Injections</u>

See 'Achalasia Assessment Tool' for further information.

<u>Post-Treatment Assessment:</u>

Symptom assessment at 6 weeks:

Use of Botulinum Toxin A for Oesophageal achalasia

Dysphagia: Yes / No Score:

Chest Pain: Yes / No

Regurgitation: Yes / No

Pulmonary Symptoms: Yes / No

If symptoms ongoing, are they improved?

Current weight:

% weight change:

Malnutrition Universal Screening Tool Score:

Presence of Reflux: Yes / No

If yes: GORD-HRQoL Score

Need for regular PPI treatment

Treatment Complications:

Length of Hospital Stay: Days

Complications (+ Clavien Dindo Classification):

Longevity of Treatment Resolution:

Symptom Recurrence: Yes / No

If yes: What symptoms?

Timeframe?

Need for recurrent treatment (i.e.: repeated Botox):

Date:

Audit

Cohort 1 (NOT fit for surgery)

Patients in cohort 1 will be audited to assess initial symptoms, effectiveness of symptom resolution, length of time of symptom resolution and the need for repeated interventions.

Initial symptoms will be assessed according to dysphagia score, percentage weight loss and MUST nutritional score (See Achalasia Assessment Form). Dysphagia score and weight will be assessed at the follow up clinic visit to determine the effectiveness of their symptom resolution.

Time to repeated Botox will be recorded to assess length of time of symptom resolution.

Any complications from OGD + Botox will be recorded.

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Cohort 2 (FIT for surgery)

Patients in this group will also be audited. Initial symptoms will be recorded in the same way as for cohort 1.

The number of patients listed for surgery and who require bridging Botox will be monitored as will those who do not need bridging Botox.

The average length of time to surgery will be recorded for those who do and those who do not have bridging Botox. Symptoms on the day of surgery and weight compared to weight at clinic appointment will also be monitored to assess the effectiveness of bridging Botox.

Any complications from OGD + Botox and any complications from surgery will be recorded.

References

UHBW Clinical Guidance Document v1.3 Achalasia

UHBW Achalasia Assessment Tool