

## Hints and tips

- ❖ Eat smaller meals more frequently ('little and often'). Eat slowly, chew well.
- ❖ Avoid further swallowing if the earlier mouthful has not gone into the stomach.
- ❖ Avoid eating whilst feeling stressed.
- ❖ Eat food with a moist and soft texture, or have soup. Add sauces to food.
- ❖ Beware of food that has a stringy texture, skin on vegetables and fruit that will not easily dissolve, large lumps of meat, bread and rice.
- ❖ Keeping an upright posture during meals can help, as can walking around during mealtimes, standing on toes and dropping on to the heels, and massaging your chest.
- ❖ Drink water (room temp.) with meals.
- ❖ Maintain vitamin levels with supplements if required, preferably in liquid form.
- ❖ Be careful of medication in pill form as these may get stuck in the oesophagus and dissolve, causing damage to its lining.
- ❖ Sleeping propped up with pillows, or with bed head raised, may help with reflux and regurgitation at night.
- ❖ Nitrates, calcium channel blockers or Buscopan are sometimes given to help against spasms, but there is no medical consensus on this. Sucralfate can help provide symptom relief particularly if the symptoms are exacerbated by oesophagitis.
- ❖ Stretching upwards, elongating your neck, and pressing downwards in your chest area may also help, as can drinking warm water, or eating banana.

## Achalasia Action

In January 2020, Achalasia Action was registered as a Charitable Incorporated Organisation by the Charity Commission of England & Wales (no 1187367)

The charity's aims include:

- ❖ To advance education about achalasia and associated conditions.
- ❖ To preserve and protect the health of people with achalasia, including their friends and families.
- ❖ To encourage and support research into achalasia

To make a donation to our charity, please visit [www.achalasia-action.org/donate-to-achalasia-action.html](http://www.achalasia-action.org/donate-to-achalasia-action.html)

QR code

### Medical Chair:

Majid Hashemi ChB FRCS (Gen)

### Registered office:

40 Orpington Road, Winchmore Hill, London N21 3PG



In partnership with  
**THE NATIONAL LOTTERY  
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## AN INTRODUCTION TO ACHALASIA

**Helpline: 0300 772 7795**

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**Website:** [www.achalasia-action.org](http://www.achalasia-action.org)

**Mail:** [info@achalasia-action.org](mailto:info@achalasia-action.org)

**Twitter:** @AchalasiaAction

**Facebook:** @AchalasiaAction

**Healthunlocked.com/achalasia-action**

## What is achalasia?

Achalasia is a rare disorder of the oesophagus (food pipe) that causes a number of symptoms, including difficulty swallowing food and drink, and chest pain. If not managed properly, these symptoms can prevent people from maintaining a healthy weight, and affect nutrition, wellbeing, mental health and quality of life. These symptoms will vary from person to person.

**“I began feeling that food was getting stuck when eating things such as almonds and oatbiscuits.”**

Verina, person with achalasia

The NHS estimates that 6,000 people currently live with the condition in the UK. This may be an underestimate, given how difficult it is for people to readily receive a correct diagnosis.

Achalasia occurs when the muscles controlling the movement of food down the oesophagus and into the stomach do not work properly. As a result, a ring of muscle between the oesophagus and stomach remains clamped shut rather than relaxing to allow the food to pass into the stomach. This can cause food to remain in the oesophagus for a long time, and/or be regurgitated, which can be very painful. Sometimes the muscles contract into a spasm that makes patients feel as if they might be suffering from a heart attack.

## Diagnosing achalasia

It can take people with achalasia many years to receive a correct diagnosis. This is because achalasia symptoms can include weight loss, regurgitation and reluctance to eat certain types of food, which can be confused with eating disorders such as anorexia and bulimia. However, patients with achalasia genuinely desire to eat well.

Tests to diagnose achalasia include:

- **An endoscopy**, to examine the inside of the oesophagus and stomach. A miniature camera is passed down the throat, usually under sedation.
- **A barium swallow**, to track progress of liquid in the oesophagus. A liquid is swallowed which is monitored by x-ray equipment.
- **A manometry**, a flexible tube inserted into the oesophagus to measure the swallowing pressure and contractions.

**“When I first went to the GP and explained that I found it painful to swallow food, I was told this was down to stress and anxiety. The GP warned my mum it could also be an eating disorder, a plausible diagnosis given that I was 17 at the time. I only received a correct diagnosis following a private consultation with a gastroenterologist, who was familiar with achalasia.”**

Silvia, person with achalasia

## Treatments

Treatments range from lifestyle changes to surgery. Doctors should treat the patient, rather than being solely governed by test results.

**Pneumatic Dilatation** involves a balloon that is passed through the mouth into the oesophagus, and expanded to stretch the lower oesophageal sphincter. This is sometimes best done in two sessions 2-3 weeks apart. Most procedures result in at least some relief from the symptoms, and can bring significant improvement, but sometimes the benefits can be only short term.

**Heller myotomy and fundoplication** is a surgical procedure that cuts the muscles holding the sphincter shut so that food can pass through better with gravity. The fundoplication creates a valve-like effect to prevent reflux. If performed by an experienced surgeon, 90% of patients have significant improvement in swallowing.

**POEM** (per oral endoscopic myotomy) is a relatively new procedure that involves cutting the muscles *within* the lining of the oesophagus with an endoscope but without the anti-reflux fundoplication that accompanies a Heller myotomy. If acid reflux occurs afterwards, long term acid-suppressing medication such as Omeprazole may be required.

**Botox** injections into the lower oesophageal sphincter take 3-4 minutes and can improve the flow of food into the stomach. About half of patients relapse after three months. This is regarded as suitable only for those unable to tolerate more definitive therapies.

