

Food pipe surgery by Apollo doctor helps man eat after 20 years

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Bangalore: A 61-year-old individual from the town of Shimoga in Karnataka, India, who had been suffering from Achalasia cardia since the age of nine, created history by eating food in a normal way for the first time in the last 20 years. Achalasia cardia is a primary oesophageal motility disorder, characterized by a hypertensive lower oesophageal sphincter (LOS) that fails to relax on swallowing and by aperistalsis of the body of the oesophagus.

Mr T S Raghavendra, who had been admitted to Apollo Hospital, India, in February, 2012, was on endoscopic dilatation for the past 20 years and this enabled him to eat his food. However, following the refusal of his surgeon to continue the procedure, Mr Raghavendra was left with the only option of a complicated surgery involving the removal of food pipe and stomach.

Mr Raghavendra was operated upon by Dr Ravishankar Bhat, senior consultant, GI and liver transplant surgery, Apollo Hospital, during the month of June. Dr Ravishankar Bhat said that, "When I first met Raghavendra I was shocked to see that he was emaciated and nutritionally challenged. He weighed 40 kgs. Not surprising since he had not been eating for years and had been dependent on nasal feeding. In addition to this Mr Raghavendra had massively thickened stomach, the cause of which couldn't be found and concluded that it could be due to gastritis medicine (proton pump inhibitor) he was consuming for more than two decades."

Mr Raghavendra underwent a surgery called 'transhiatal oesophagectomy with total gastrectomy and colonic transposition'. In this procedure, the blocked and infected part of esophagus (food pipe) was taken out along with the excision of the stomach and remaining esophagus was directly connected with the large intestine.

Dr Bhat further said that, "He had undergone a surgery to correct the problem 40 years ago but received limited result. Multiple endoscopic procedures were done to correct it with transient benefit. Due to chronic medication his stomach wall had thickened and became non-functional. We then surgically removed the patient's food pipe and stomach. To re-establish continuity we used large intestine which is joined to the food pipe in the neck and small intestine in the abdomen, thus helping Raghavendra to resume eating normally."