

## Peroral Endoscopic Myotomy (POEM)

**Your surgery is scheduled for:**

Date: \_\_\_\_\_

Time: \_\_\_\_\_ a.m./p.m.

**Please report to:**

Place: \_\_\_\_\_ at your appointed time.

### About the POEM Procedure

- A lighted, flexible tube is placed down the throat to inspect your food pipe (esophagus). This procedure is called an esophagoscopy.
- Small incisions will be made to access and divide a portion of muscles and the valve (esophageal sphincter) between the esophagus and stomach. This relaxes the pressure on the esophagus and allows food to pass into the stomach with less resistance. The small incision is closed using clips, and the endoscope is taken out.
- Occasionally the surgeon may do an alternate procedure, known as a Gastric POEM (G-POEM) or Per-Oral Pyloroplasty (POP). In this case, it is the valve between the stomach and the small intestine, known as the pyloric sphincter, which is divided.
- POEM is a procedure to treat swallowing disorders. There are no cuts (incisions) through your skin with this procedure.
- You will remain the hospital for 1 to 5 days after your surgery.

## Preparation

- You will be scheduled for your surgery.
- The day before your procedure, the Ambulatory Surgery Center/3West will call you between 1p.m. and 3p.m. with your arrival time for the next day. If you do not get a call by 3 p.m. on the day before your procedure, please call **716-845-8476** for your arrival time.
- Two days before surgery, you will be on a full liquid diet. The day before surgery, you'll change to a clear liquid diet, which is more restrictive. On the back page, you will find lists of allowable liquids for **Full Liquid** and **Clear Liquid** diets.
- **Do not eat or drink anything after midnight.**
- Some over-the-counter and prescription medications can interfere with normal blood clotting and may increase the risk of bleeding. Follow the guidelines in the chart on when to stop taking certain medications, vitamins, and supplements.

**If your doctor gives you different instructions, always follow your doctor's instructions.**

<b>7 days before the procedure, stop taking:</b> <ul style="list-style-type: none"><li>• Aspirin and aspirin products (no need to stop if only taking 81 mg/day)</li><li>• herbal supplements</li><li>• garlic tablets</li><li>• vitamins</li></ul>										
<b>5 days before the procedure, stop taking:</b> <ul style="list-style-type: none"><li>• warfarin (Coumadin® or Jantoven®)</li><li>• clopidogrel (Plavix®)</li></ul>										
<b>3 days before the procedure, stop taking</b> non-steroidal anti-inflammatory medications (NSAIDs): <table><tr><td>▪ ibuprofen (Advil®/ Motrin®)</td><td>▪ etodolac (Lodine®)</td></tr><tr><td>▪ naproxen (Aleve®/Anaprox®)</td><td>▪ diclofenac (Voltaren®)</td></tr><tr><td>▪ piroxicam (Feldene®)</td><td>▪ meloxicam (Mobic®)</td></tr><tr><td>▪ sulindac (Clinoril®)</td><td>▪ diflunisal (Dolobid®)</td></tr><tr><td>▪ oxaprozin (Daypro®)</td><td>▪ ketoprofen</td></tr></table>	▪ ibuprofen (Advil®/ Motrin®)	▪ etodolac (Lodine®)	▪ naproxen (Aleve®/Anaprox®)	▪ diclofenac (Voltaren®)	▪ piroxicam (Feldene®)	▪ meloxicam (Mobic®)	▪ sulindac (Clinoril®)	▪ diflunisal (Dolobid®)	▪ oxaprozin (Daypro®)	▪ ketoprofen
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▪ oxaprozin (Daypro®)	▪ ketoprofen									
<b>1 day (24 hours) before your procedure, stop taking:</b> <ul style="list-style-type: none"><li>• enoxaparin (Lovenox®)</li></ul>										

- If you have diabetes and take insulin, talk to your primary doctor about how to take your insulin on the day of the surgery.

## What to Expect – The Day of Your Procedure

- On the morning of your surgery, take only the medications approved by your anesthesiologist, with a very small sip of water. If you are unsure about any of your medications, please call the Anesthesia and Preoperative Center at **716-845-1673**.
- **When to get to Roswell Park, go up to the 3<sup>rd</sup> floor and check in on 3 West at the time you were given the day before.**
- An intravenous catheter (IV) will be placed in a vein in your arm. We will use it to give you medications and fluids for the procedure.
- You will be taken to a ‘holding area’, which is located just outside the operating room. The anesthesiologist will meet you here before you go into surgery.
- Your family can wait in the surgical waiting area, and the doctor will talk to them there, after your operation.

## What to Expect – After Your Procedure

- You will be transferred to the thoracic inpatient unit or a similar area for surgical patients. You may be in a bed on the IMCU (intermediate care unit).
- You may be attached to a cardiac monitor to show your heart rate and rhythm, blood pressure, and oxygen level.
- You may wake up with a tube through your nostril into your stomach to control secretions and allow healing.
- You may have pain. We may provide you pain medication through an IV line or by mouth. Before discharge, we will review any pain regime, if indicated.
- Over time, your diet will slowly advance from liquids to soft solids.
- To prevent pneumonia after surgery, you must do coughing and deep breathing exercises. The nurses and respiratory therapists will show you how to use an incentive spirometer. **It is VERY important that you cough up secretions and take deep breaths to prevent pneumonia.** We may take chest x-rays to monitor you.
- Another risk after surgery is blood clots in your legs. We will put wraps around your legs that inflate and deflate. This helps keep blood moving so clots do not form. You may be given a mild anticoagulant (blood thinner) as well.
- Walking as early as possible after surgery also helps prevent blood clots, exercises your lungs, and helps get your bowels working again. Your ability to get around helps us determine when you can safely go home.

## What to Expect – At Home

- Before your discharge from the hospital, we will give you additional instructions.
- Continue to use your spirometer – taking 10 breaths ever 1-2 hours.
- You will work closely with a registered dietitian nutritionist (RDN) to make sure you are getting enough calories while you recover.
- You may take a shower, unless you are given other instructions. Showering may cause fatigue, shortness of breath, or pain. You may need someone to help you.
- It is important for you to take prescribed medications after your discharge. This may include anti-reflux/antacid to control possible reflux symptoms.
- Any activity restrictions will be discussed with you at your discharge.
- You may be sent home with pain medications. Since they can cause constipation, we will also give you a prescription for a stool softener to use while you are taking the pain medication.
- Do not drive until your doctor gives you the OK. You should have someone with you the first time you do drive. Pain may prevent you from being able to turn your head to drive safely.
- We will see you for a postoperative visit 1-2 weeks after the surgery.

## What to Report to Your Physician

Call your doctor **immediately** if you have:

- Shortness of breath that is getting worse
- Chest pain that gets worse and/or is not controlled by your medication
- A fever of 100.4°F (38°C) or higher
- Nausea, vomiting, diarrhea, constipation, excessive belching, acid reflux, or bloating

## Questions or Concerns

- Call the Thoracic Center at **716-845-3167** if you have any problems or questions. The Center is open Monday to Friday from 8 a.m. to 5 p.m. If the Center is closed, your call will be answered by our Call Center.
- You can also reach Roswell Park 24/7 at our main number, **716-845-2300**.

## **Full Liquid Diet (2 days before procedure)**

- Water – plain, carbonated, flavored
- Sports drinks, Gatorade® or Kool-Aid®
- Strained fruit or vegetable juice (no pulp or seeds)
- Plain gelatin/Jello®, smooth puddings, custards without pieces of fruit, nuts, seeds, or other chunks.
- Smooth ice cream, frozen yogurt, sherbet, sorbet, fruit ices, or popsicles without pieces of fruit, nuts, seeds or chunks
- Soft drinks (orange, ginger ale, cola, lemon/lime, etc.)
- Coffee, tea and hot chocolate
- Strained/blenderized cream or broth soups – no added meats, noodles, or vegetables
- Hard candy (lemon drops, peppermint rounds)
- Flavorings that are liquid or that dissolve in liquid - syrup, margarine, honey, butter, salt
- Milks: Cow's Milk (whole milk or 2% milk provides calories per serving than 1% or skim), flavored milk, soy milk, Lactaid milk, almond milk, coconut milk, rice milk,
- milkshakes, cream, light cream, half-n-half, condensed milk, evaporated milk
- Nutritional supplements such as Ensure®, Boost®
- Smooth hot cereals such as Cream of Wheat® and Cream of Rice®
- Smooth yogurt without pieces of fruit, nuts, seeds, or other chunks
- Whey protein powder (added to allowed beverages)
- Pasteurized egg nog (not with raw egg)

## **Clear Liquid Diet (Day before procedure)**

- Water – plain, carbonated, flavored
- Sports drinks, Gatorade® or Kool-Aid®
- Strained fruit or vegetable juice (no pulp or seeds)
- Plain gelatin/Jell-O® without pieces of fruit, nuts, seeds, or other chunks or whipped cream
- Popsicles or lemon ice without pieces of fruit, nuts, seeds, or chunks (No ice creams, sherbets, sorbets)
- Soft drinks (orange, ginger ale, cola, lemon/lime, etc.)
- Coffee and tea - NO milk or creamer
- Broth and bouillon only - no added meats, noodles, or vegetables
- Hard candy (lemon drops, peppermint rounds)
- Honey, sugar, lemon juice

## About the Esophagus

The esophagus is the hollow, muscular tube that moves food and liquid from your mouth to your stomach. The inner lining is called the mucosa and the rest is made of layers connective tissue and muscle. There are two sphincters (muscle rings), one at the top and one at the bottom. The bottom sphincter helps stop stomach contents from backing up into the esophagus. Nerves send signals to the esophageal muscles causing waves of contractions that move food/liquid down into the stomach.

Esophageal motility disorders can cause swallowing problems, chest pain, and food or stomach acids backing up into your mouth.