

In reply: preventing aspiration during peroral endoscopic myotomy

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To the Editor:

We thank Dr. Saxena and colleagues for their constructive comments on our report [1]. Although we emphasized the importance of avoiding aspiration during anesthesia induction, we agree that the prevention of aspiration is also important during the peroral endoscopic myotomy (POEM) procedure.

In our report [1], esophagoscopy after anesthetic induction showed that no contents remained. However, as Dr. Saxena et al. mentioned, esophageal irrigation fluid can regurgitate into the pharynx when the tone of the lower esophageal sphincter remains high. Indeed, we repeatedly suction subglottic fluid through the suction channel of the endoscopy whenever it is drawn back from the esophagus during the POEM procedure. This technique has resulted in no clinically apparent perioperative aspiration in 78 POEM patients at our institute. An advantage of the tracheal tube with a supra-cuff evacuation port and a suction lumen is that subglottic fluid can be removed continuously,

independent of the POEM procedure. A taper-shaped cuff instead of the cylindrical high volume low pressure cuff that we used can also reduce micro-aspiration.

POEM is becoming popular as a therapeutic option for achalasia [2]. Accumulating knowledge concerning safer perioperative management of POEM is important to establish POEM as a consolidated treatment modality.

Conflict of interest There is no conflict of interest.

References

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