



Balloon stretching for achalasia (pneumatic dilatation)

What you need to know before and after the test

PE-PROC-12

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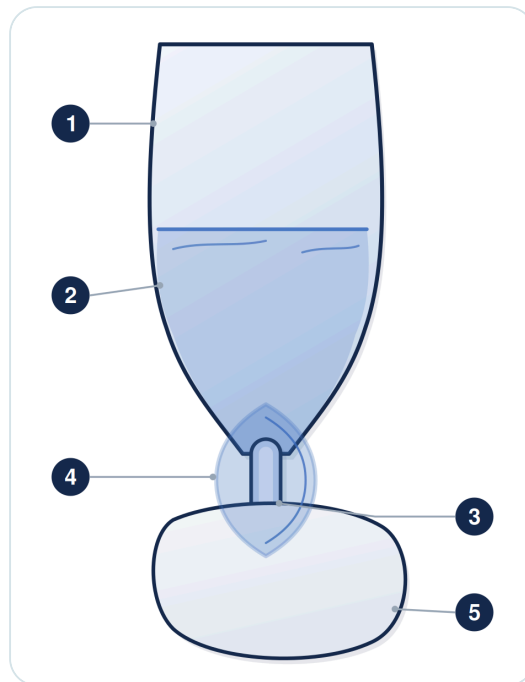
Achalasia is a condition in which the muscle valve at the bottom of the gullet fails to relax, so food and drink collect above it. Pneumatic dilatation uses a large balloon to stretch that valve open. This sheet explains the treatment and how it compares with the alternatives.

What it is, and why you are having it

In achalasia the nerves that tell the lower valve to open have been lost, and the muscle of the gullet body no longer squeezes food downwards. Food and liquid sit above the valve, causing difficulty swallowing, regurgitation of undigested food, chest pain and weight loss. Nothing can restore the nerves, so all treatments work by weakening the valve enough for gravity to move food through.

There are three established ways to do that, and a fourth for people who are not fit for any of them – an injection of botulinum toxin into the valve, which is simple and safe but wears off within months and is generally reserved for that situation. The three are: stretching the valve with a balloon, cutting the muscle through keyhole surgery (Heller myotomy), and cutting it from the inside through an endoscope (POEM). All three work well. Balloon stretching avoids an operation and can be repeated, but is the least durable from a single course – in a five-year trial POEM kept about twice as many people symptom-free without further treatment. The trade-off runs the other way for heartburn, which is substantially commoner after POEM. There is no single best choice – it depends on your age, your type of achalasia, your general health and your own preference. Ask the endoscopy unit to go through the options with you.

Stretching is done in stages. The first session uses a 30 mm balloon. If swallowing is not sufficiently improved, a 35 mm balloon is used two to four weeks later, and occasionally a 40 mm balloon after that. Starting small is deliberate: the risk of tearing the gullet is about three times higher if a 35 mm balloon is used first.



1 the widened gullet · 2 food and fluid held up above the valve · 3 the tight valve · 4 the balloon inflated across it · 5 stomach

Getting ready

- Because achalasia makes food and liquid sit in the gullet, you must fast for longer than for a normal endoscopy. Follow the specific instructions on your appointment letter – you may be asked to take only clear fluids for a day beforehand.
- Blood thinners: this is a higher-bleeding-risk procedure, so contact the unit at least seven days before. See sheet [PE-PROC-16](#).
- You will need a responsible adult to take you home. See sheet [PE-PROC-17](#).
- You must be fit for surgery on the day, because a tear in the gullet occasionally needs an operation to repair it.

On the day

The procedure is done with sedation, often with X-ray guidance. The endoscope is passed down and any retained food is cleared. The balloon is positioned across the

valve and inflated to a set pressure for a short time, then deflated and removed. The endoscopist looks at the valve afterwards.

You will be observed for at least four hours. A contrast X-ray of the gullet is no longer done routinely for everyone, but it will be arranged straight away if you have any symptom that suggests a tear.

What are the risks?

Complication	How often it happens
Chest pain after the procedure	Common for a day or two, and expected.
Perforation – a tear in the gullet	About 2 to 3 in every 100 – this is the main risk, and it is concentrated in the first session rather than spread evenly over them. Small tears can sometimes be managed with antibiotics, fluids and a stent; larger ones need an operation.
Heartburn afterwards	Around 1 in 10, with higher figures in some studies. Less than after POEM, where up to about 4 in 10 develop it and about half end up on a daily acid tablet.
Bleeding	Uncommon.
Needing the procedure again	Common, and planned for rather than a failure. About 9 in 10 people swallow well at one year. Between a quarter and a third need a repeat stretch within five to seven years; counted as a single course with no repeat, five-year success is only around 4 in 10, but with repeat stretching when it is needed most people are still swallowing well at five and ten years.

Afterwards

You will start with fluids and move to soft food, as instructed. Most people notice swallowing is easier within days.

At your follow-up we will ask you about four things – swallowing, food or liquid coming back up, chest pain, and weight – and combine them into a simple score. It helps us judge whether the treatment is working and whether another stretch is needed.

An acid-suppressing tablet is not given to everyone automatically after balloon stretching; it is started if you develop heartburn or if reflux is demonstrated.

Get urgent help if

- You have severe chest pain, back pain or abdominal pain, or pain that keeps getting worse.
- You are breathless, or it hurts to breathe.
- You have a fever or a racing heartbeat.
- You have swelling or a crackling feeling in the skin of your neck.
- You cannot swallow your own saliva, or you vomit blood.

A tear in the gullet is an emergency and the sooner it is treated the better the outcome. Go to the Emergency Department immediately, take this sheet, and tell the staff you have had balloon dilatation for achalasia.

PE-PROC-12 · For appointments and questions, contact the endoscopy unit using the numbers it has given you. If you are seriously unwell, or it is outside working hours, go to the Emergency Department rather than waiting for a reply. This sheet supports the discussion with your doctor and the consent process; it does not replace them. Version 1.0 · review date October 2028.

This leaflet is general information and does not replace advice from your own doctor.

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