ROBOTIC VS LAPAROSCOPIC HELLER MYOTOMY AND DOR FUNDOPLICATION FOR ESOPHAGEAL ACHALASIA TYPE I AND II. A NON-INFERIORITY RANDOMIZED CONTROLLED TRIAL. STEP 1. IMMEDIATE POST-OPERATIVE OUTCOMES

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In a randomized trial of 18 achalasia patients, robotic and laparoscopic Heller myotomy with Dor fundoplication showed equivalent symptom improvement at 1 month, though robotic surgery required significantly longer anesthesia time.

KEY POINTS

- No statistically significant difference in symptom improvement at 1 month between robotic and laparoscopic approaches (P = 0.253).
- Anesthesia time was significantly shorter for laparoscopic Heller-Dor compared to robotic (93.70 ± 10.41 min vs 120.00 ± 16.52 min; P < 0.001), attributed to docking and preparation time.
- Actual procedure time from first to last instrument movement was similar between groups (45.54 ± 8.42 min laparoscopic vs 42.12 ± 11.42 min robotic, P = 0.542).
- No statistical differences were observed between groups in adverse events, length of stay, or postoperative reflux symptoms.
- Both groups showed improvements in quality of life questionnaire domains and Eckardt scores.
- The study enrolled treatment-naive adults with type I or II achalasia (dysphagia score ≥ II, Eckardt score > 3 per Chicago 4.0 criteria), with further enrollment planned to reach 60 patients per arm for non-inferiority assessment.

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