

ANTIREFLUX SURGERY IN SPECIAL PRESENTATIONS

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Abstract

Gastro-esophageal reflux disease (GERD) was defined according to the Montreal consensus as “a condition which develops when the reflux of stomach contents causes troublesome symptoms and/or complications”. A recent randomized-controlled trial showed that laparoscopic Nissen fundoplication was superior to medication in reducing reflux-related heartburn.

Antireflux surgery represented by Nissen fundoplication is a valuable solution in typical GERD cases. For patients presented with one of the different presentations; like failed previous fundoplication, Non-Erosive Reflux Disease (NERD), Barrett’s dysplasia, and esophageal dysmotility, a complete or partial wrap should be cautiously decided.

Gastro-esophageal reflux disease (GERD) was defined according to the Montreal consensus as “a condition which develops when the reflux of stomach contents causes troublesome symptoms and/or complications”. Symptoms were considered “troublesome” if they adversely affected an individual’s wellbeing. From a surgical perspective, GERD is the failure of the antireflux barrier, allowing abnormal reflux of gastric contents into the esophagus. GERD has long been recognized as a significant public health concern. Heartburn afflicts more than two thirds of adults at some point in their lives, and accounts for millions of physician office visits every

year. Several randomized controlled trials with follow-up of these studies ranging from 1 to 10.6 years have compared surgical therapy with medical therapy for the treatment of GERD. These studies strongly support surgery as an effective alternative to medical therapy both for patients with good symptom control on medical therapy and for those who achieve only partial symptomatic relief from PPIs. Nissen fundoplication remains the standard procedure for correction of pathologic reflux disease. When compared with partial fundoplication operations, this procedure; provides best relief for symptoms, returns the postsurgical patient to normal 24-h pH values and better increases the distal esophageal sphincter pressures.

Bibliography

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