

Study examines long-term results of laparoscopic anti-reflux surgery

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Patients undergoing laparoscopic fundoplication (anti-reflux surgery) by experienced surgeons appear to be satisfied with their decision to undergo surgery and have low re-operation rates, according to a report in the May issue of *Archives of Surgery*.

Laparoscopic fundoplication is a minimally invasive procedure to correct gastroesophageal reflux disease (GERD). GERD is a condition in which food or liquid travels backward from the stomach to the esophagus, causing irritation, heartburn and other symptoms, according to background information in the article. Although studies show the short-term effectiveness of laparoscopic anti-reflux surgery, results of longer-term studies have varied.

Denise W. Gee, M.D., of Massachusetts General Hospital and Harvard Medical School, Boston, and colleagues studied 191 patients who underwent primary or revision (redo) laparoscopic fundoplication by a single surgeon from 1997 to 2006. Surveys were mailed to participants to evaluate their symptoms on the GERD–Health-Related Quality of Life Scale (HRQL), which has a score of zero to 45 (with zero representing no symptoms). Use of post-operative anti-reflux medication, the need for post-operative intervention, patient satisfaction and patient willingness to have the operation again were also assessed.

Participants (average age 52) were 60 percent female and 40 percent male. “The median [midpoint] duration of follow-up was 60 months,” the authors write. Of all 191 participants, 173 patients had primary anti-

reflux surgery and 18 patients had redo anti-reflux surgery. The average GERD score for those undergoing primary anti-reflux surgery was lower than that of patients who had redo anti-reflux surgery (5.71 vs. 14.25 after surgery).

Seventy-one percent of patients who underwent primary anti-reflux surgery were satisfied with long-term results, while only 35 percent of those who underwent redo anti-reflux surgery reported being satisfied. The majority of patients, 88 percent of those who underwent primary anti-reflux surgery and 76 percent of those who had redo anti-reflux surgery, stated they would be willing to have the surgery again.

“Only three patients (1.2 percent) required re-operation,” the authors write. “Patients with body mass indexes (BMIs) between 25 and 35 had lower GERD-HRQL scores than thin and morbidly obese patients.”

Source: JAMA and Archives Journals

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