

INEFFECTIVE ESOPHAGEAL MOTILITY DOES NOT INCREASE POST-OP DYSPHAGIA AFTER TOTAL FUNDOPLICATION

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INTRODUCTION

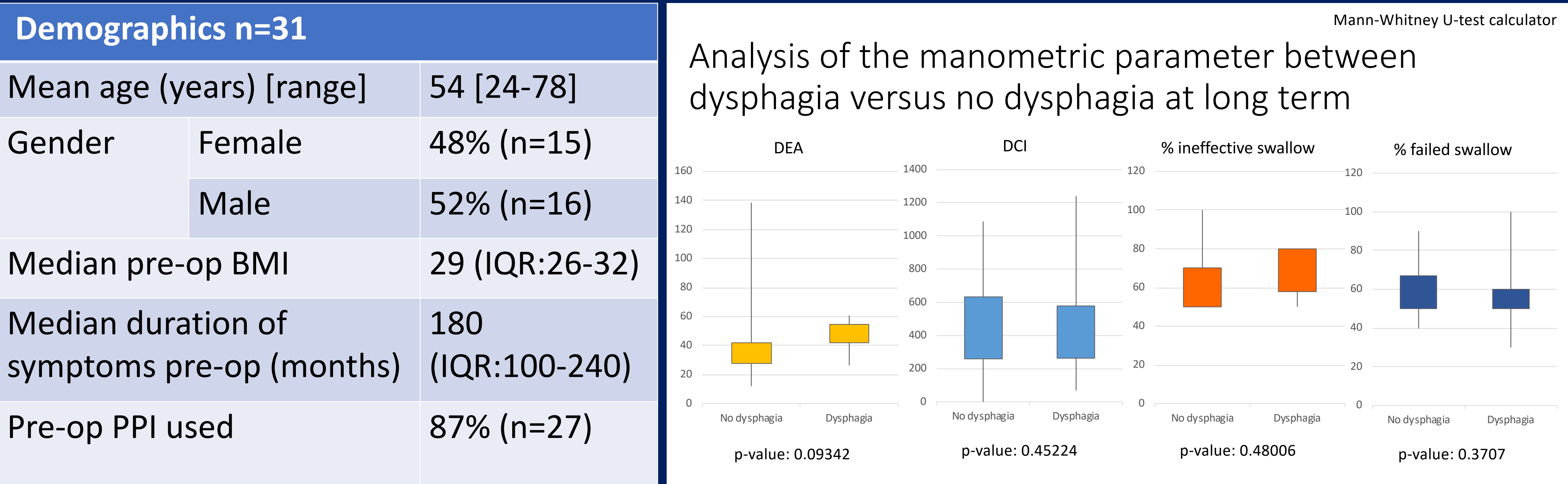
- Ineffective esophageal motility (IEM) is defined by Chicago Classification 3.0 and its clinical impact is unclear.
- Its name implies a higher risk of dysphagia following total fundoplication.

HYPOTHESIS

- In otherwise appropriately selected patients, IEM should not preclude total fundoplication.

METHODS

- Retrospective chart review of pts undergoing total fundoplication between 09/2012 and 12/2018 in a single foregut surgery center and who had IEM on preoperative manometry.
- Exclusion criteria: previous foregut surgery, partial fundoplication, other causes of dysphagia, Collis gastroplasty.
- Other factors considered in decision-making included the presence of pre-operative dysphagia, and transit on barium swallow.
- Quality of life metrics = Dakkak score ≤ 40 and GERD-HRQL question 7 ≥ 3 (“Do you have difficulty with your swallowing”)



CONCLUSION

- None of the individual components of preoperative manometry predict postoperative dysphagia.
- The presence of pre-operative dysphagia is associated with a slightly higher risk of post-operative dysphagia in this group.
- When total fundoplication is performed in appropriately selected patients with preoperative IEM, the rate of long-term post-operative dysphagia is not increased
- The presence of preoperative IEM should not be used as an independent contraindication to total fundoplication

Assessment of preoperative and postoperative dysphagia

Median time follow up 706 days (IQR: 278-1348 days)

