



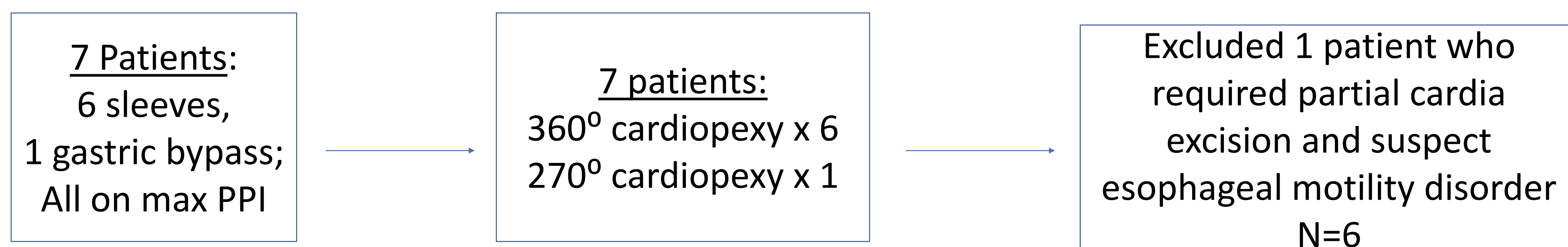
Surgical Treatment of GERD after Bariatric Surgery using Ligamentum Teres Cardiopexy

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Introduction: After bariatric surgery, some patients report intractable GERD. A traditional tissue repair is not an option. Magnetic sphincter augmentation (MSA) has been proposed but has narrow insurance coverage and may be contraindicated due to prior staple line. Ligamentum Teres Cardiopexy with/without hiatal hernia repair is a potential treatment option.

Methods: Patients were recruited from post-operative Bariatric Surgery clinic if they reported GERD despite maximal PPI therapy with no evidence of stricture. This was a non-randomized study. N=7 but excluded 1 who required partial cardia excision and also is suspected of esophageal motility disorder. No pH or manometry studies were obtained pre-operatively but all patients had a pre-operative Upper GI study. All were found to have type I sliding hiatal hernias of their sleeve or gastric pouch. All patients were offered laparoscopic hiatal hernia repair with Ligamentum Teres Cardiopexy.

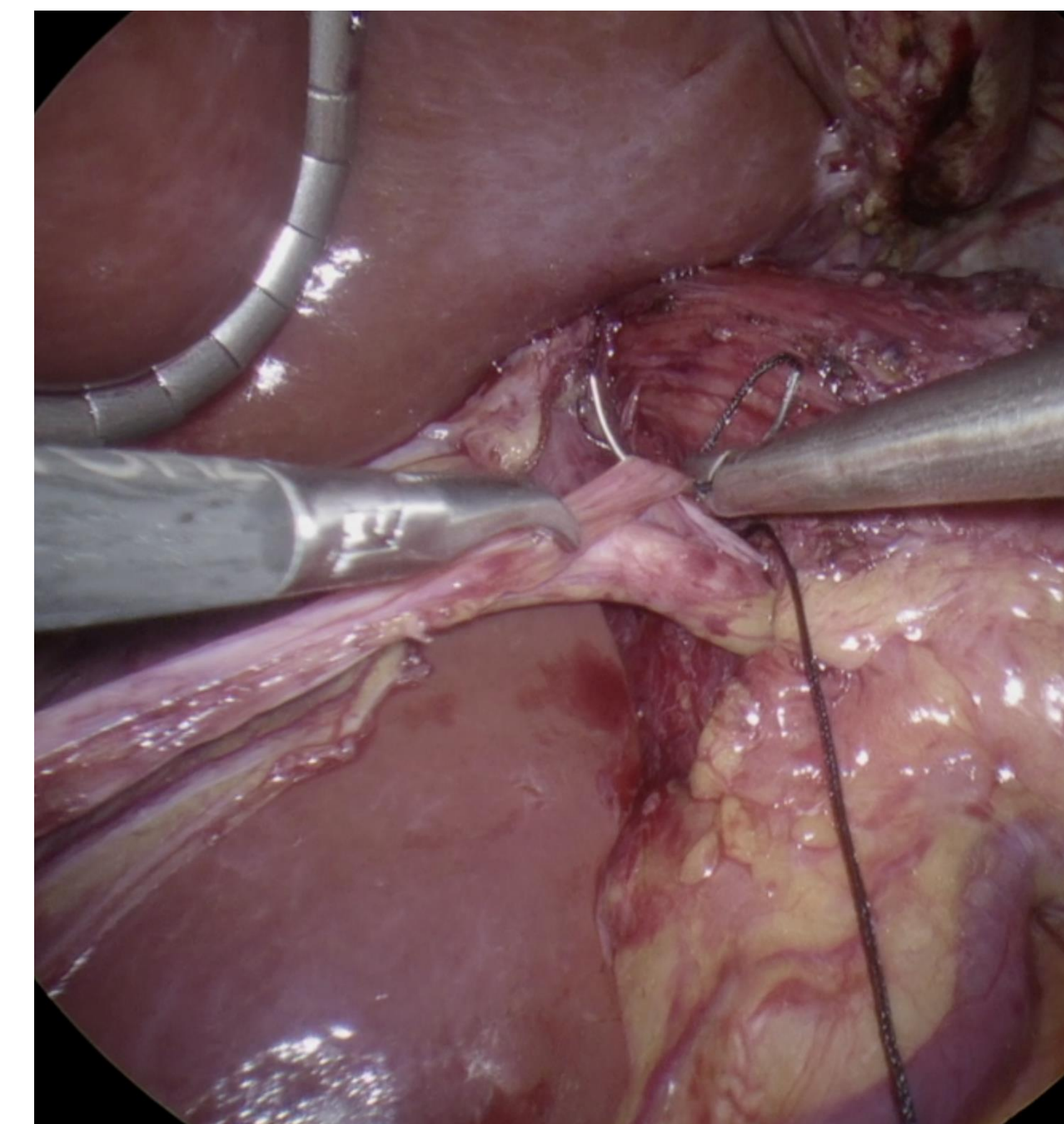


Results: All tolerated soft food by POD 14. 1 postop bleed resolved without intervention. No patients had symptomatic GERD at 2 weeks postop. 3/6 patients discontinued all anti-reflux medication. 1 transitioned from PPI to H2B. 1 continued PPI secondary to steroid use in a gastric bypass. 1 continued to require daily PPI use.

PRE-OP



INTRA-OP



POST-OP



Discussion: Intractable GERD symptoms in post-bariatric patients is a significant problem. Ligamentum Teres Cardiopexy could be a useful fundoplication strategy for patients with GERD after bariatric surgery. By comparison, 89% of MSA patients obtained resolution from GERD but cardiopexy offers an option to avoid foreign body implantation. Cardiopexy with or without hiatal hernia repair can be a useful strategy in this population where treatment options are limited but more experience is necessary to optimize the technique. Short term outcomes show resolution of GERD symptoms in 66% of patients. Long term outcomes are needed to see if resolution of reflux symptoms are maintained.