Factors associated with the “unfun” fundoplication

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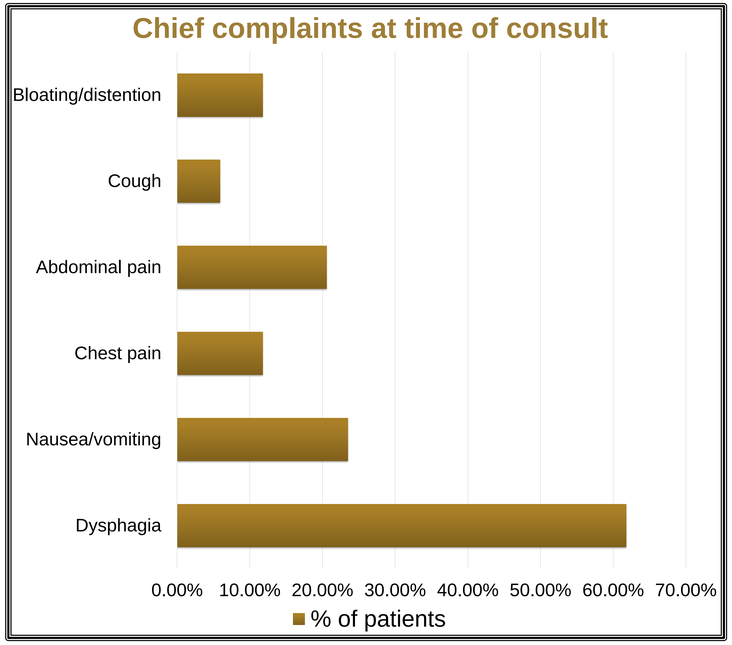
BACKGROUND

- Fundoplication for gastroesophageal reflux has a 90% patient satisfaction
- The “not-so-satisfied” group is substantial yet understudied
- Factors associated with poor satisfaction include obesity, anxiety/depression, extraesophageal symptoms, poor response to medical treatment
- We aim to describe a 4-year experience referred to a tertiary care foregut practice experiencing digestive symptoms after fundoplication

Patient characteristics (n=34)	
Average age (years, range)	62 (36-85)
Average time between index operation and consult (years)	4.3
Average BMI	27.6
Obesity (BMI >30.0)	29.4%
Anxiety/depression	38.2%
Achalasia/pseudo-achalasia	20.6%
Tobacco abuse	41.2%

METHODS

- A prospectively maintained internal database of re-operative (“unfun”) fundoplication was examined over 4 years (2017-2021)



RESULTS

- Most common chief complaints on consult: dysphagia (61.8%), nausea/vomiting (23.5%)
- Work-up included barium swallow (64.7%), manometry (47.1%), upper endoscopy (44.1%), and 24-hour pH monitor (11.8%)
- Most had trial of proton-pump inhibitor (73.5%), with subsequent failure (67.6%)
- Reoperation occurred in twenty-three patients (67.6%)
- A fundoplication was taken down in nearly all re-operative patients (91.3%), along with intraoperative endoscopy (95.7%)
- No patients had recurrence within 30 days; 2 patients had recurrence at long-term follow-up (30-90 days)

CONCLUSIONS

- Most common reason for reoperation in this cohort was esophageal outflow impedance, suggesting diagnosis of achalasia at index operation
- Given the rate of re-operation upon consultation, this data represents propensity toward long-term dissatisfaction with anti-reflux surgeries
- Patients with symptoms of dysphagia should increase index of suspicion for esophageal dysmotility, and full esophageal motility workup is mandatory in all initial consults for anti-reflux surgery
- More data on fundoplication failures with longer follow-up would be of value to fully characterize the patient and intervention driven factors associated with re-operative fundoplication