Discontinuance of PPI's in Patients with Barrett's Esophagus Following cTIF

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Background

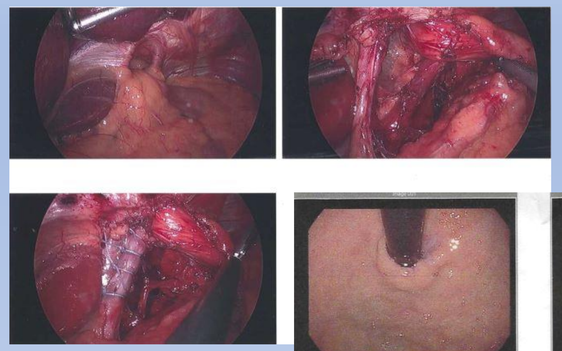
The treatment of gastroesophageal reflux disease (GERD) has evolved during the era of minimally invasive surgery. Transoral Incisionless Fundoplication (TIF®) done concomitantly with a laparoscopic hiatal hernia repair (cTIF™) can be done safely in an outpatient setting with excellent patient satisfaction and minimal side effects. The ability of cTIF to restore anatomy to its natural state while creating a gastroesophageal flap valve may afford some benefit to patients with Barrett's Esophagus.

Methods

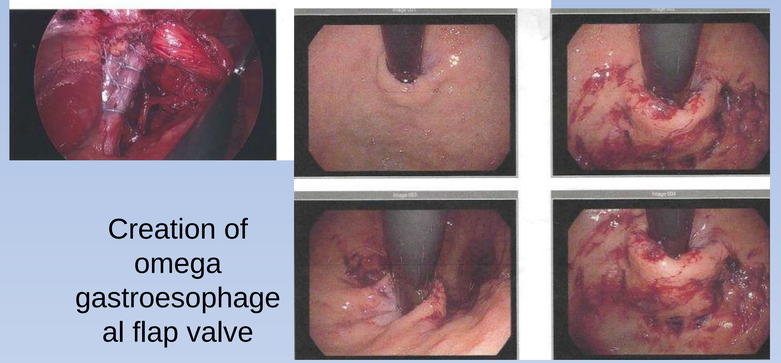
A retrospective review was conducted of 13 cTIF procedures performed by a single surgeon between October 2019 and October 2020, all of whom had at least 6 months of postoperative follow up. 13 patients who were diagnosed with intestinal metaplasia without dysplasia preoperatively were reviewed The patients were evaluated with pre and postoperative GERD-HRQL questionnaires. 6 of the patients also had follow up endoscopy post cTIF.

Results

12 out of 13 patients were no longer taking PPI medication and still pleased with the continued symptom relief. 6 patients underwent endoscopy post cTIF which revealed intestinal metaplasia without dysplasia in 3 patients and reflux esophagitis in 3 patients.



Crural closure after esophageal mobilization



Creation of omega gastroesophageal flap valve

Conclusions

cTIF with the EsophyX device can provide symptom relief and freedom from the continued use of PPI's, in short term follow up, by creating a competent gastroesophageal flap valve. cTIF does this by specifically restoring the angle of His and adhering to **2 key tenets of modern anti-reflux surgery:**

1. Re-establishment of intra-abdominal esophageal length
2. Repair of the crural defect

Further study is necessary to determine if the benefits are comparable to GERD patients without Barrett's Esophagus.

References

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