Likelihood Patients Choose Laparoscopic Anti-Reflux Surgery

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Introduction

- Long-term usage of proton pump inhibitors for GERD is not without risk of adverse events such as bone fracture, Clostridium difficile infection, chronic kidney disease, dementia and even colorectal cancer.[1]
- Concerned patients may forgo long-term medical therapy and seek surgical options earlier in their disease course for better quality of life.
- We hypothesize that worse patient quality of life scores increase the likelihood of undergoing Anti-Reflux Surgery (ARS).

Methods

- Review of a prospectively maintained quality database. Patients who underwent surgical evaluation for GERD from January 2018 and August 2021 were included.
- Patient demographics, diagnostic work-up, and patient-reported outcomes (GERD-HRQL)[2] were collected. The primary endpoint was surgical intervention. Group comparisons were made using two-tailed chi-square tests.
- Univariable and multivariable logistic regression analysis with 95% confidence intervals were used to evaluate the association between preoperative factors and LARS, with a statistical significance of p<0.05.

Results

- 475 patients seen for surgical evaluation, 273 (57%) underwent ARS. 180 (66%) patients in the surgery group and 104 patients (51%) in the non-surgery group completed preoperative quality-of-life questionnaires.
- GERD-HRQL scores were worse (higher) in the surgery group, (15.6 ± 10.6 versus 10.7 ± 8.3, p<0.001).
- A GERD-HRQL score of ≥ 15 (OR=2.70, 95% CI 1.60-4.58, p<0.001), scoring ≥ 3 on individual questions in the GERD-HRQL (OR=2.43, 1.46-4.05, p<0.001), symptomatic hiatal/paraesophageal hernia (OR=3.79, 2.05-6.99, p<0.001), and self-reported dissatisfaction with their clinical condition (OR=3.93, 2.29-6.74, p<0.001) all increased the odds of a patient deciding on surgical management.
- Multivariable predictors include symptomatic hiatal/paraesophageal hernia (OR=12.56, 7.20-21.90, p<0.001), full comprehensive esophageal workup (OR=2.40, 1.33-4.13, p=0.004), objective evidence of GERD (positive acid monitoring test or esophagitis on endoscopy, OR=2.34, 1.33-4.13, p=0.003), and preoperative GERD-HRQL Score ≥ 15 (OR=2.96, 1.61-5.44, p<0.001).

Contact

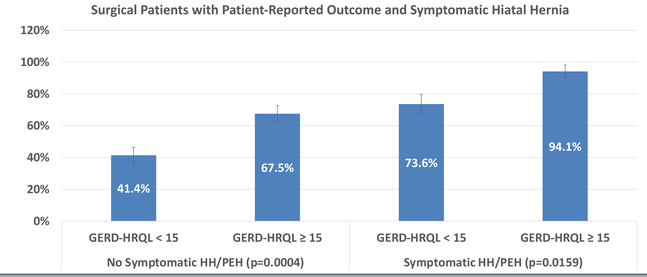
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Results

- A preoperative GERD-HRQL Score ≥ 15 was associated with a larger difference in the rate of surgery for those without symptomatic hiatal hernia (67.5% vs. 41.4%, p<0.001) versus symptomatic hiatal hernia because most undergo surgery regardless of GERD symptoms (94.1% vs. 73.6% p=0.016)



Conclusion

- Patients who have a comprehensive esophageal work-up, worse preoperative GERD-HRQL, symptomatic hiatal/paraesophageal hernia, and abnormal acid test are greater than two times more likely to choose LARS to manage GERD.
- These factors highlight important discussion points during surgical evaluation for GERD.

References

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