RE-OPERATIVE INTERVENTION AFTER NON-TRADITIONAL ANTI-REFLUX SURGERY

Sarah Fournier[1], Sumeet K Mittal[2], Nicole Kaley[1], Jasmine Huang[2], Samad Hashimi[2], Ross M Bremner[2]

1.Creighton University School of Medicine - Phoenix Regional Campus, Phoenix, AZ
2. Norton Thoracic Institute, St. Joseph's Hospital and Medical Center, Phoenix, AZ

Dignity Health
Norton Thoracic Institute

JOHN AND DORIS NORTON CARDIOTHORACIC AND TRANSPLANTATION INSTITUTE DIGNITY HEALTH ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER

Background

Laparoscopic fundoplication is the gold standard for definitive treatment of pathological gastroesophageal reflux disease (GERD). However, it is a technically demanding procedure with a long learning curve. It may be associated with significant side effects and/or higher failure rates especially in the hands of less experienced surgeons. Several alternate procedures have been developed with the goal of better outcomes.

Aim

Review a single-center experience of re-operative intervention after nontraditional anti-reflux surgery (NTARS).

Methods

After institutional review board approval, we retrospectively reviewed our database to identify and analyze patients who underwent reoperation after a primary NTARS. NTARS was defined as any procedure performed for reflux that is not a laparoscopic fundoplasty with or without hiatal hernia repair. NTARS included transoral incisionless fundoplication (TIF), magnetic sphincter augmentation (MSA) with LINX, electrical stimulation therapy with Endostim implantation, or Angelchik prosthesis.

Results

Figure1. Patient selection.

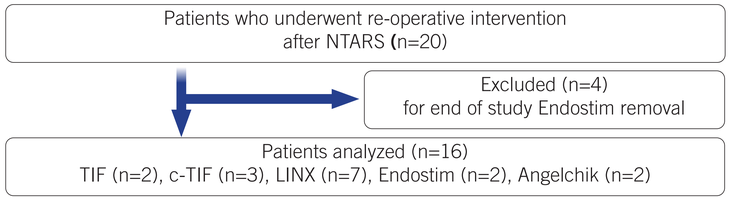
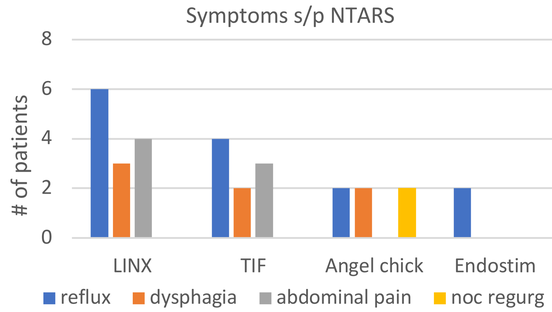
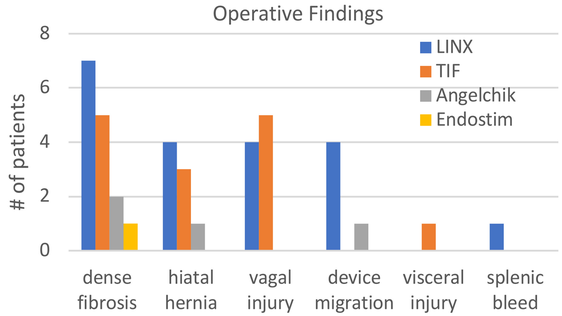


Figure2. Reported symptoms prompting evaluation for re-operative intervention



- Most common procedure was redo-partial fundoplication (n=11)
- Roux-en-Y (RNY) conversion (n=4) with 3 gastro-jejunostomy and 1 esophagojejunostomy (3 TIF, 1 Angelchik)
- All re-operations were minimally invasive with 1 conversion to laparotomy (s/p TIF)

Figure3. Findings during re-operative intervention.



- Median length of hospital stay = 1 day
- Patient with esopahgo-jejunostomy had an anastomotic leak and a prolonged complicated recovery
- No perioperative mortality

Conclusion

With the introduction of NTARS, some patients will inevitably require reoperative intervention. In this study, a high proportion of patients required conversion to RNY reconstruction. The high rate of observed vagal injury is concerning and likely due to postoperative scarring, especially in TIF and LINX procedures. Re-operative surgery after NTARS procedures is technically difficult even in the hands of experienced foregut surgeons.

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