Comparative Analysis of Primary and Redo Laparoscopic Antireflux Surgery: Insights from a Single Surgeon's Experience

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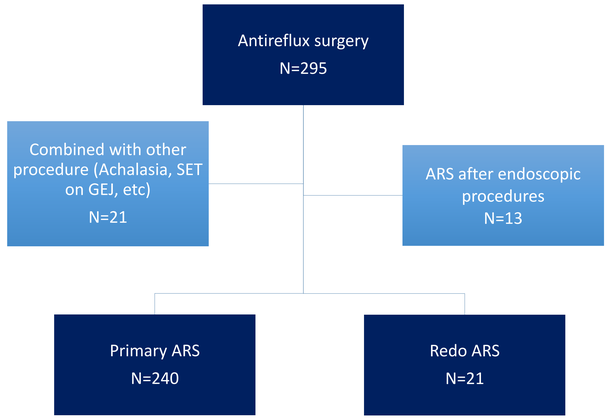
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Background

Laparoscopic fundoplication remains a cornerstone in the surgical management of gastroesophageal reflux disease (GERD). However, a subset of patients requires redo antireflux surgery (ARS) due to persistent symptoms or complications. This study aims to elucidate the outcomes of redo ARS cases compared to primary ARS, drawing from the experience of a single surgeon.

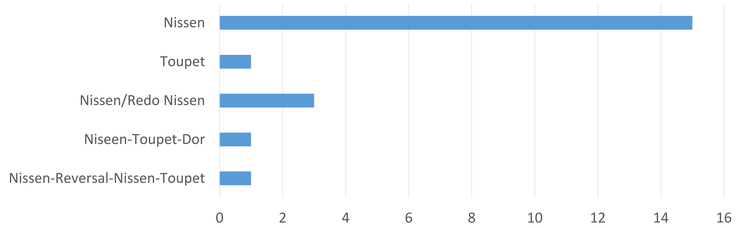
Methods

A retrospective review of 295 laparoscopic ARS procedures was conducted, including 261 surgeries, consisting of 21 redo ARS cases and 240 primary ARS cases. Patients who underwent endoscopic antireflux procedures prior to ARS were excluded.



Results

Sequence of procedure(s) before Redo



Pattern of failure (OP finding)

	N=21
Wrap malposition	5
Wrap migration	4
Wrap disruption/ loosened wrap	2
Tight wrap	1
Tight cruroplasty	1
Achalasia	1
No abnormal finding	7

Comparison between redo and primary ARS

	Redo (n=21)	Primary (n=240)	P value
Age	48.4±16.5	49.0±17.6	0.884
Male: Female	17 : 4	134 : 106	0.025
BMI	20.9±3.4	22.5±3.4	0.057
Typical Sx	14 (66.7%)	231 (96.3%)	<0.001
Atypical Sx	10 (47.6%)	171 (71.3%)	0.024
Dysphagia	9 (42.9%)	19 (7.9%)	<0.001
PPI response	4 (19.0%)	108 (45.0%)	0.021
Operative time	154.4±38.4	106.5±31.6	<0.001
Open conversion	1	None	
Morbidity/mortality	None	None	

Fundoplication type

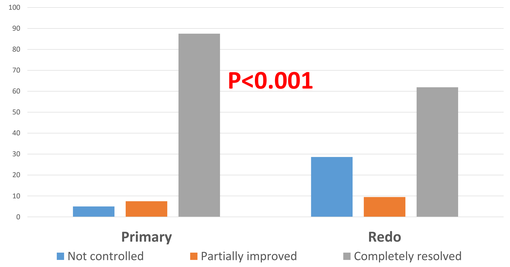
Redo ARS

	N=21	%
Nissen	6	28.6
Toupet	4	19.0
Dor	8	38.1
Dor+Heller myotomy	1	4.8
Reversal (no fundoplication)	2	9.5

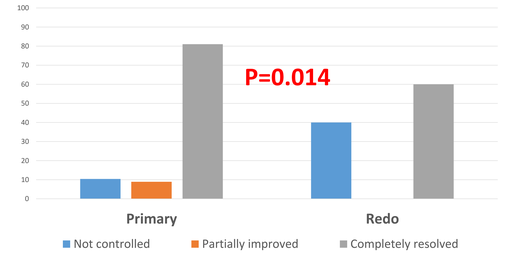
Primary ARS

	N=240	%
Nissen	233	97.1
Toupet	3	1.3
Dor	2	0.8
Others	2	0.8

Symptom control rate
Primary ARS vs Redo ARS ***1 week after surgery***



Symptom control rate
Primary ARS vs Redo ARS ***6 months after surgery***



Conclusion

While fewer patients attain complete symptom resolution compared to primary ARS outcomes, laparoscopic redo ARS demonstrates safety and efficacy in managing failed ARS cases.