USF Health

GERD ALGORITHM

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INTRODUCTION:

Gastroesophageal reflux disease (GERD) represents an escalating global health concern, with a prevalence rate of 18-27% in North America.

Initial management of GERD includes medical treatment with proton pump inhibitors and lifestyle modifications.

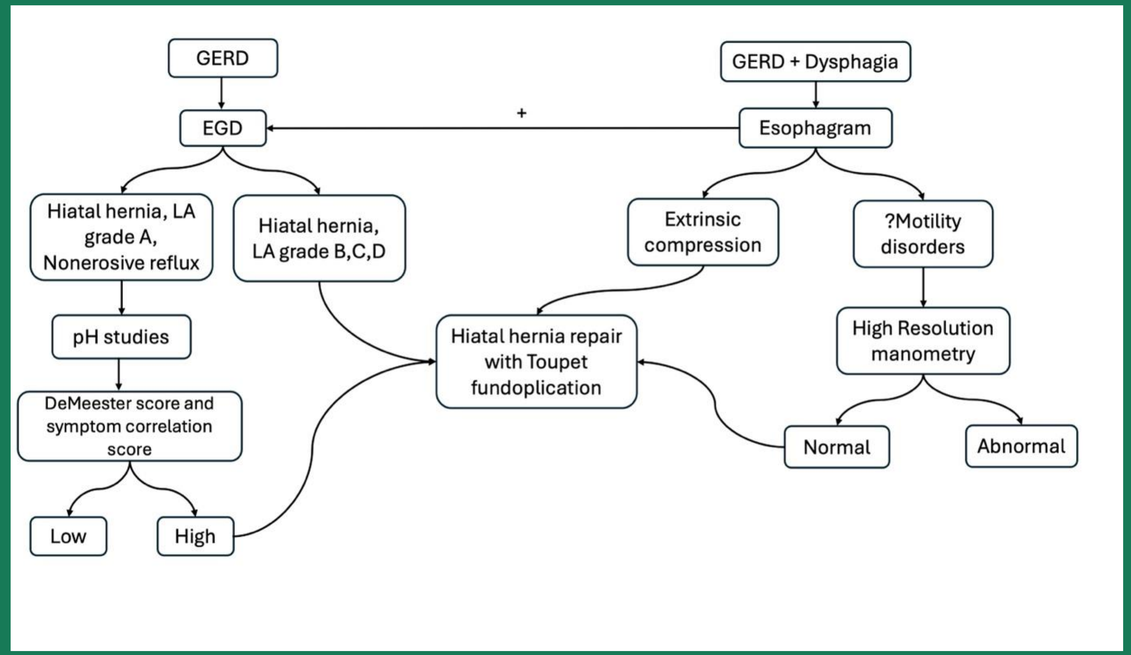
A tailored approach is frequently employed in the surgical management of GERD.

Thus, the purpose of our study is to discuss about our surgical algorithm for GERD to practicing surgeons which is more time and cost effective.

METHODS

We did a retrospective chart review from January 2020 to January 2025 after approval from Institutional IRB.

We included all patients more than 18 years of age who underwent surgical management of GERD. We excluded patients less than 18 years and who are being evaluated for lung transplantation.



This new algorithmic approach offers a more patient centric, limiting preparative testing while decreasing time to surgery.

RESULTS:

Of 660 patients, 301 patients were evaluated with the traditional tailored method for GERD and 358 patients underwent evaluation and management according to the new algorithm.

All 301 patients in the tailored approach were evaluated with all the investigations.
Of 358 patients in the new group, 81 patients underwent pH studies, 145 patients underwent esophagram, and 133 patients underwent high resolution manometry.

Of these patients 14 had an established diagnosis of achalasia cardia. All patients underwent hiatal hernia repair with toupet fundoplication and 354 patients had improvement in their symptoms.

CONCLUSION:

Gastroesophageal reflux disease (GERD) is a chronic condition that significantly impairs quality of life (QOL).

This new algorithmic approach to surgical management offers a more patient centric, limiting preparative testing – specifically high resolution manometry – while decreasing time to surgery secondary to fewer preoperative tests.