BURDEN OF IBS-LIKE SYMPTOMS AT MID-TERM FOLLOW-UP AFTER ANTIREFLUX SURGERY

Andrés R Latorre-Rodríguez MD, Arianna Vittori MD, Hideyuki Takeuchi MD, Sumeet K Mittal MD
Norton Thoracic Institute - St. Joseph's Hospital and Medical Center

Dignity Health
Norton Thoracic Institute

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

INTRODUCTION

Up to 80% of fundoplication patients experience transient abdominal bloating and pain in the early postoperative period and among ~5% will persist in the long term. These symptoms are also frequently reported by patients with Irritable Bowel Syndrome (IBS). Thus, we implemented the validated Birmingham IBS symptom questionnaire (BQ) for postoperative evaluation. We aimed to describe the IBS-like symptom burden using the BQ in an unselected post-partial fundoplication cohort and to correlate these symptoms with overall satisfaction and quality-of-life (GERD-HRQL).

METHODS

- This retrospective observational descriptive study analyzed BQ data collected at ≥12-month postoperative follow-ups from patients who underwent minimally invasive partial fundoplication for typical GERD/volume reflux by a single foregut surgeon.
- The 11-item BQ assesses IBS-like symptoms over four weeks across three domains (pain, constipation, diarrhea), each scored 0–100 (max total 300). The score reflects symptom burden, not diagnosis.
- Descriptive statistics and correlation analyses were applied to subcomponent scores, overall procedure satisfaction (0-100 scale), and GERD-HRQL scores.

RESULTS

- Seventy-four patients completed the BQ postoperatively since its adoption in early 2024.
- This cohort (73% female; median age 63.4 [IQR 53.9–70.9] years) underwent Toupet (94.6%) or Dor (5.4%) fundoplication.
- Preoperatively, the median GERD-HRQL total score was 29.5 [10.5–44.5] and at a mean follow-up of 49 [12.8–60] months post-surgery, the median GERD-HRQL total score significantly decreased to 2 ([0–8.5], p<.001) [**Fig. 1**] and median overall satisfaction was excellent (95 [70.5–100]).

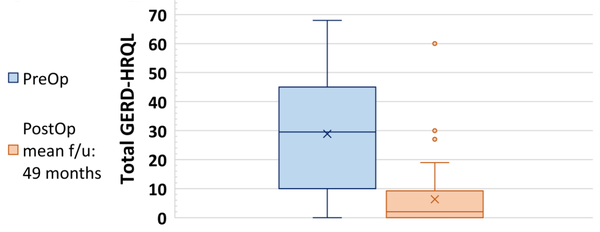

Figure 1. Pre- and post-operative total GERD-HRQL score.

- Regarding the BQ, 24.3% of patients *reported "no symptoms at all."*
- The most frequent symptoms occurring at least "a good bit of the time" were straining (12.2%), loose stools (10.8%), and postprandial pain or urgency (both 9.6%).
- The median BQ scores for pain, constipation, diarrhea, and total BQ were 7 [0–27], 7 [0–27], 4 [0–19], and 26.5 [1–71.8], respectively. The proportion scoring >50 in the pain, constipation, and diarrhea subcomponents was 6 (8.1%), 6 (8.1%), and 5 (6.8%), respectively, and only 4 patients (5.4%) surpassed 150 total [**Fig. 2**] .
- Only six patients (8.1%) were using simethicone on a daily basis at the time of evaluation [**Fig. 2**].

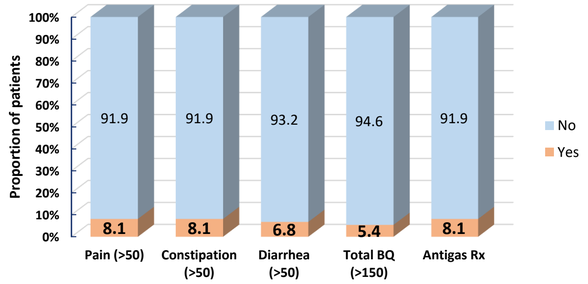

Figure 2. Proportion of patients presenting significant IBS-like symptoms or using antigas medications at a median follow-up of 49 months after antireflux surgery.

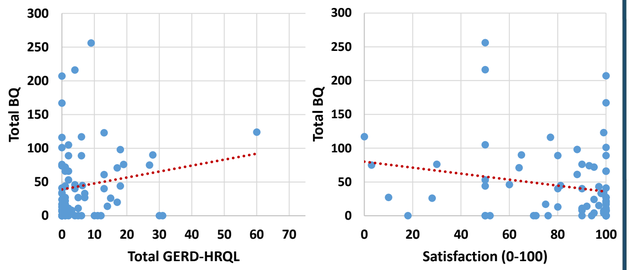

Figure 3. Correlations between total BQ score, GERD-HRQL and patient satisfaction at a median follow-up of 49 months after antireflux surgery.

- A significant moderate correlation existed between the total GERD-HRQL and patient satisfaction (rs=–0.548, p<.001).
- However, the total BQ exhibited null/marginal correlations with both patient satisfaction (rs=–0.222, p=.063) and the total GERD-HRQL score (rs=0.184, p=.115) [**Fig. 3**].

CONCLUSIONS

The BQ can provide surgeons with insights into IBS-like symptomatology in post-fundoplication patients.

Although postoperative IBS-like symptoms are common, they appear to be unrelated to reflux control or satisfaction.

SAGES 2026 ANNUAL MEETING
MARCH 25-28, 2026 | TAMPA CONVENTION CENTER | TAMPA, FL

Disclosure statement: None of the authors have a financial relationship with a commercial entity that has an interest in the subject of the presented material or other conflicts of interest to disclose.

Correspondence: Sumeet K. Mittal, MD - Director of Esophageal and Foregut Program, Norton Thoracic Institute. sumeet.mittal@commonspirit.org