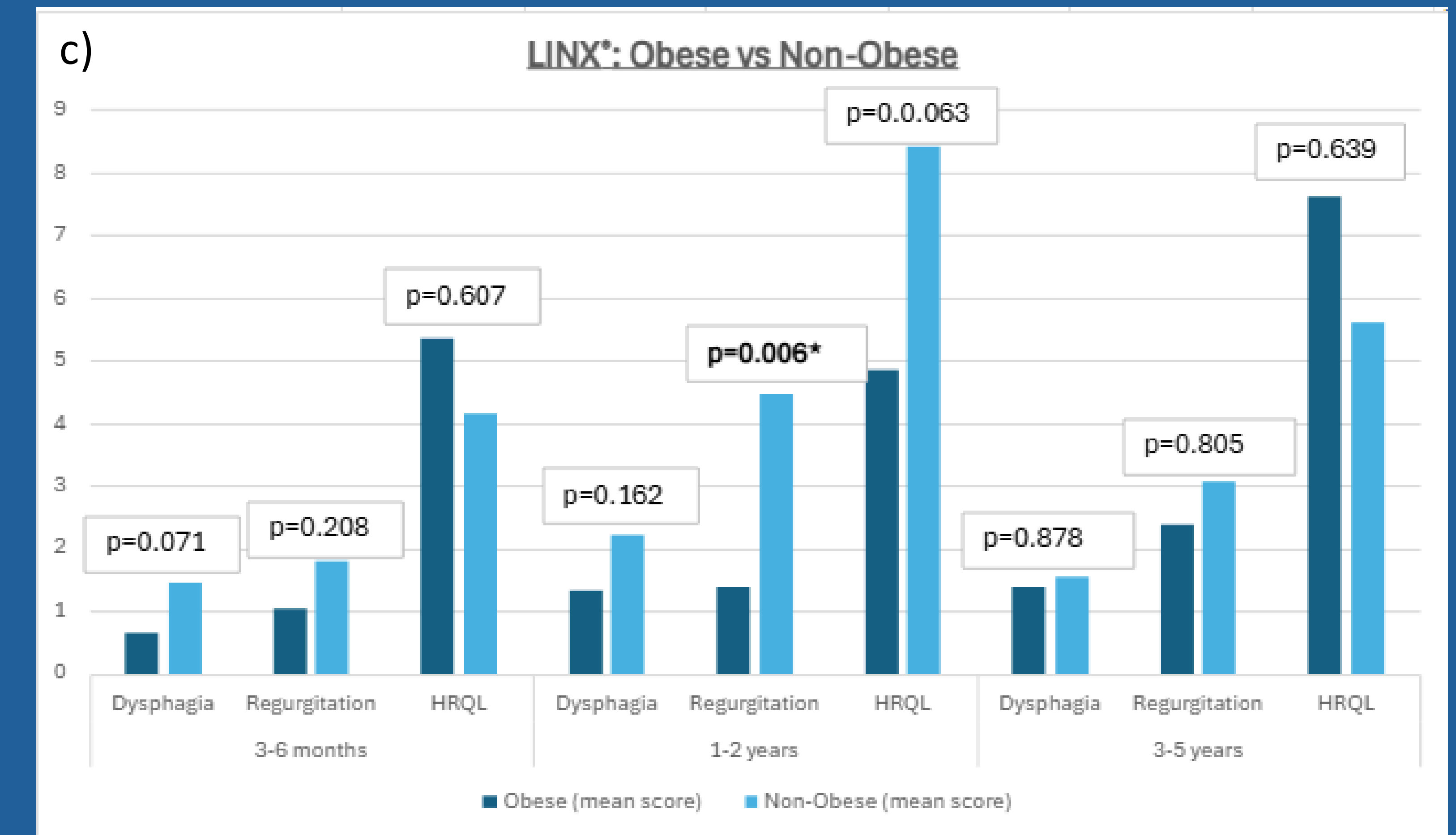
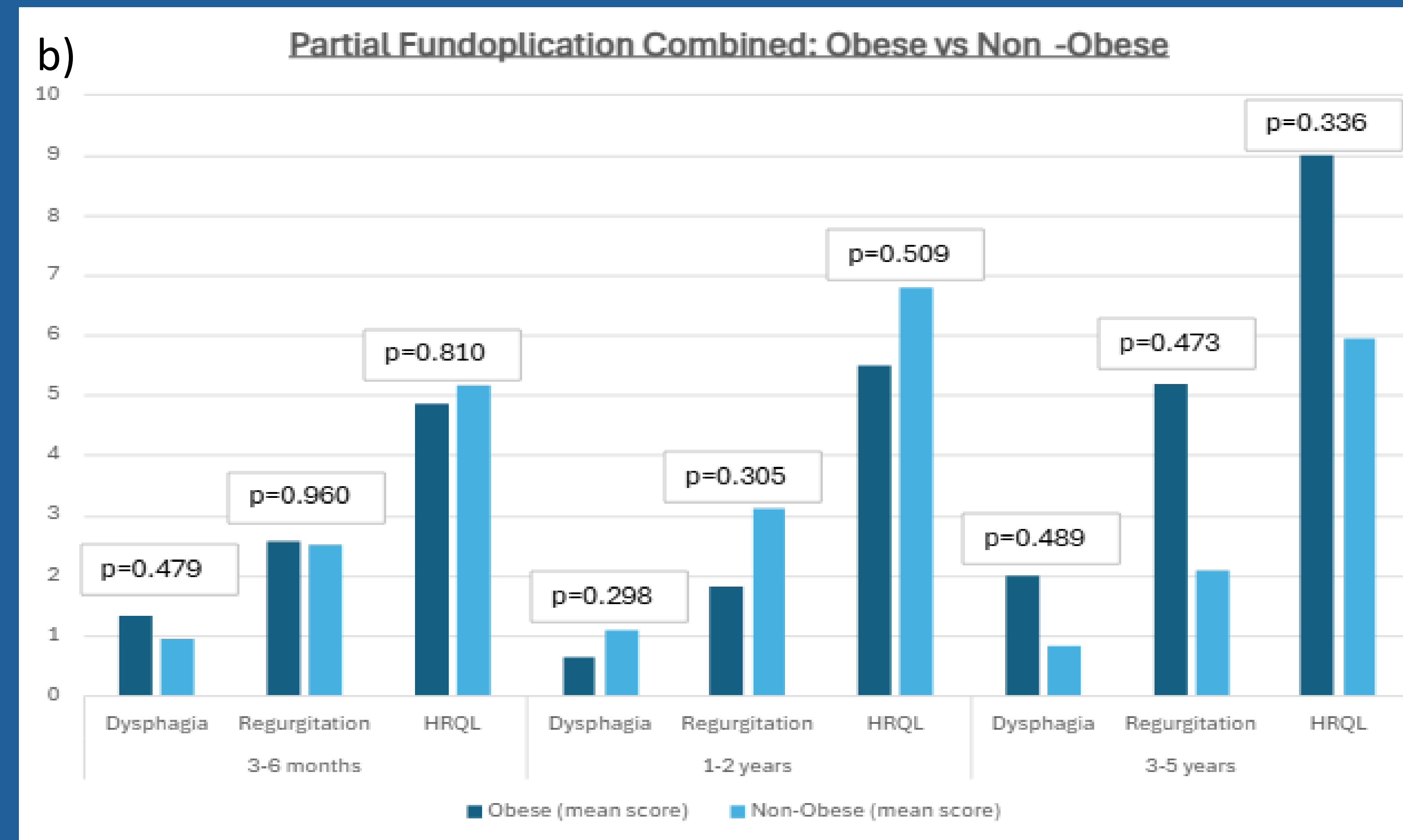
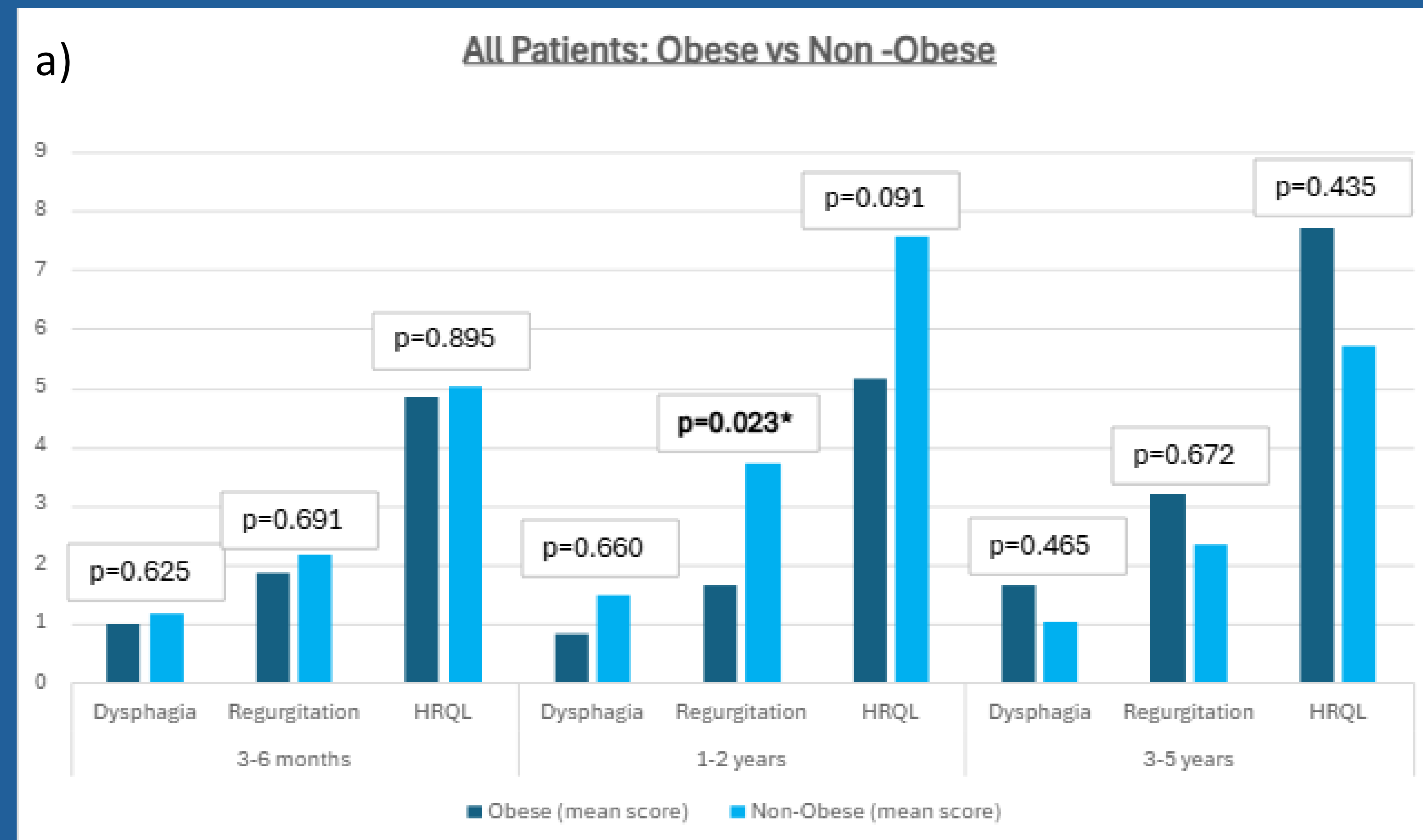


Comparing Postoperative Patient Outcomes of Obese Versus Non-Obese Patients Undergoing Anti-Reflux Surgery

Sydney Korsunsky MD¹, Stacey L. Tannenbaum PhD¹, Brooke Heyer BS², Eric Tong MD¹, Megan Rodwell PA-C⁴, Mark S. Shachner MD^{3,4}

1. Broward Health Medical Center; 2. Nova Southeastern University College of Osteopathic Medicine; 3. Broward Health Coral Springs; 4. South Florida Reflux Center



INTRODUCTION

- Gastroesophageal Reflux Disease (GERD) is one of the most common gastrointestinal issues
- Complications of GERD include esophagitis, peptic strictures, Barrett's esophagus, and esophageal adenocarcinoma
- Obesity (BMI ≥ 30 kg/m²) is a strong contributor to the development of GERD and GERD-Related Complications
- GERD Treatments: Lifestyle modifications, proton pump inhibitors (PPIs), histamine blockers, surgery
- Surgical Management: Nissen fundoplication, Partial Fundoplication (Toupet and Watson), LINX magnetic sphincter augmentation (MSA)
- GOAL:** To compare postoperative outcomes between obese and non-obese patients who underwent surgical management for GERD

- GOAL:** To identify if a particular type of anti-reflux surgery is more effective at symptom reduction for obese patients

METHODS AND PROCEDURES

- Dual-center retrospective cohort study of 224 patients
- Inclusion criteria: Patient ≥ 18 years of age who underwent anti-reflux surgery
- Exclusion criteria: Patients without preoperative or postoperative survey data, had undergone previous anti-reflux surgery
- Patients divided into two groups: obese (BMI ≥ 30 kg/m²) and non-obese (BMI < 30 kg/m²)
- Data collected preoperatively and postoperatively using the Registry of Outcomes from Anti-Reflux Surgery (ROARS) questionnaire
- Data was grouped as short-term (3-6 months), intermediate term (1-2 years), and long-term (3-5 years)
- Outcomes assessed include dysphagia, regurgitation, and Health-Related Quality of Life (HRQL)

RESULTS

All Procedure Types (Figure 1a)

- No significant differences in dysphagia or HRQL between obese and non-obese patients at short, intermediate, or long-term intervals
- Significantly higher regurgitation scores in non-obese patients at intermediate follow-up that later resolved at long-term follow up

Partial Fundoplication (Figure 1b)

- No differences between obese and non-obese patients at any postoperative time-point in any of the ROARS outcomes including dysphagia, regurgitation, and HRQL

LINX MSA (Figure 1c)

- Non-obese patients had significantly higher regurgitation scores at intermediate follow-up that later resolved at long-term follow up
- No significant differences in dysphagia or HRQL between obese and non-obese patients at short, intermediate, or long-term intervals

Figure 1. Obese vs. Non-Obese Postoperative Outcomes

Comparison of mean ROARS scores for dysphagia, regurgitation, and health-related quality of life (HRQL) among non-obese (BMI < 30 kg/m²) and obese (BMI ≥ 30 kg/m²) patients who underwent (A) all procedure types (B) partial fundoplication (Toupet or Watson), (C) LINX magnetic sphincter augmentation. Significance is denoted by an asterisk. Nissen fundoplication was excluded from analysis due to small sample size

CONCLUSION

- Obesity did not adversely impact long term postoperative outcomes of dysphagia, regurgitation, or HRQL following anti-reflux surgery across LINX®, Toupet and Watson partial fundoplication.
- Both obese and non-obese patients reported comparable symptom scores at short, intermediate, and long-term follow-up, aside from increased HRQL scores in the non-obese patients who underwent LINX® that later resolved
- No *one* particular fundoplication method was best for obese patients.
- Further studies with larger and longer-term patient populations are warranted to confirm these results