



A HARD PILL TO SWALLOW: THE USE OF EARLY ESOPHAGPGRAMS AFTER ANTI-REFLUX SURGERY AMONGST FOREGUT EXPERTS

Mena Louis DO, Andrew Jung MD, FACS, Brett Parker MD, FACS

Johns Hopkins University - Sibley Memorial Hospital



Introduction

Anti-reflux surgery is definitive treatment of gastroesophageal reflux disease (GERD) and hiatal hernias when symptoms or complications persist despite optimized medical therapy. Techniques include hiatal hernia repair with partial or complete fundoplication, magnetic sphincter augmentation, concomitant transoral incisionless fundoplication (cTIF), or gastric bypass. The practice of obtaining early post-operative contrast studies (UGI/esophagram) varies widely across institutions. We surveyed expert foregut surgeons to define current use, decision making, triggers, as well as perceived value and impact.

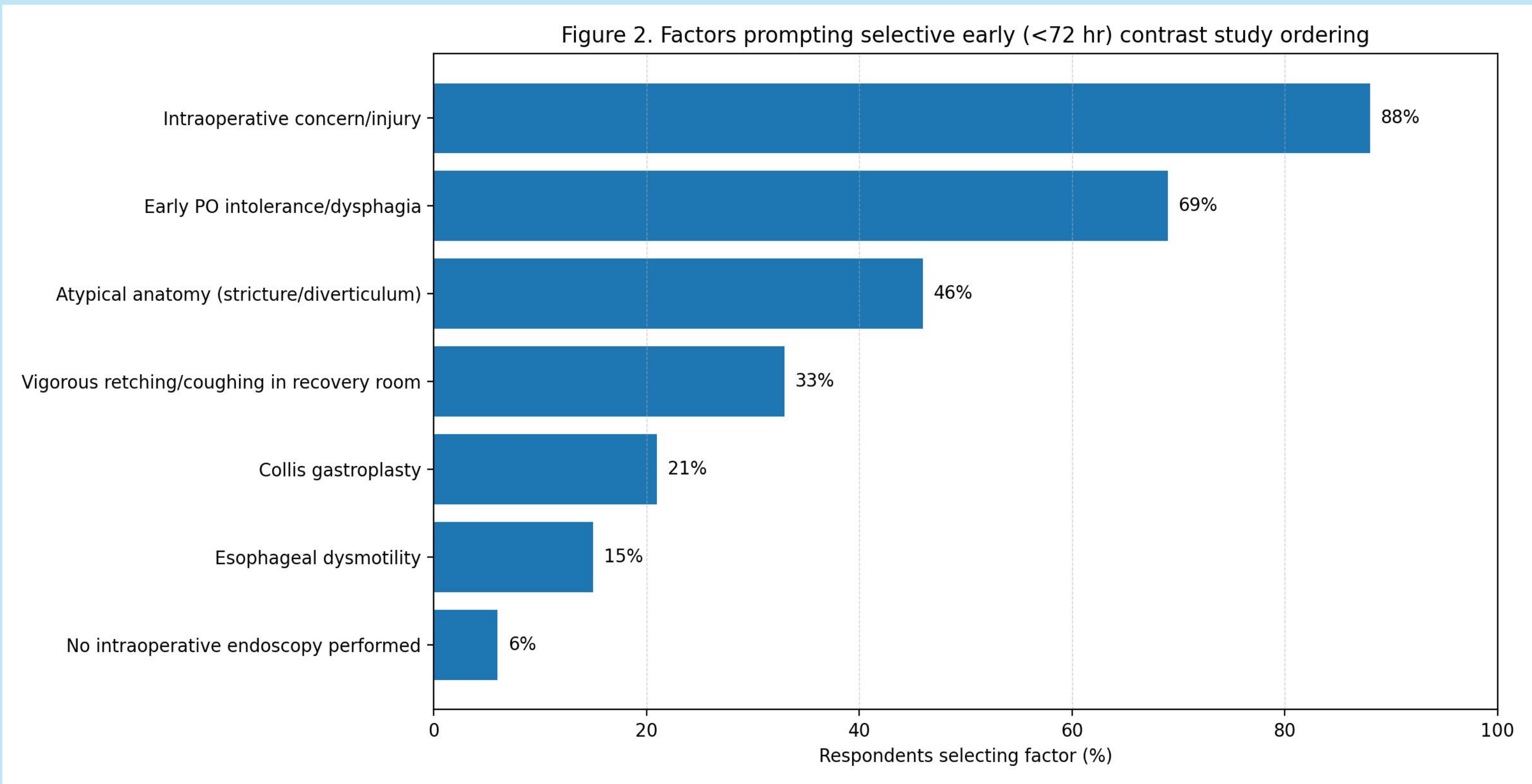
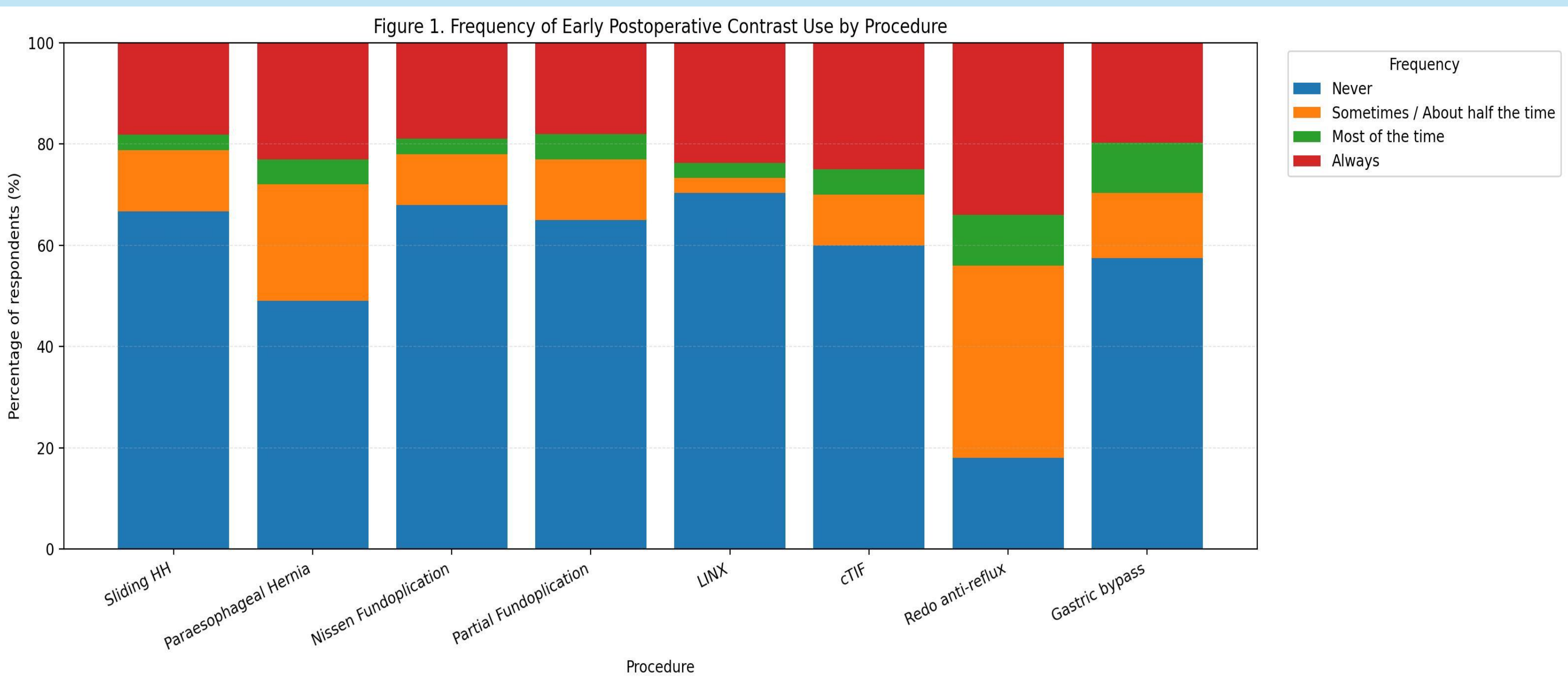
Methodology

- Design:** Cross-sectional, anonymous survey of attending foregut/anti-reflux surgeons
- Platform:** Qualtrics (Qualtrics, Provo, UT)
- Distribution:** Institutional listserv; SAGES Foregut Committee; SAGES Flexible Endoscopy Committee; American Foregut Society DocMatter community
- Collected data:**
 - Surgeon/practice characteristics
 - Frequency of intraoperative endoscopy
 - Procedure specific early post-op contrast imaging use
 - Indications for selective imaging
 - Perceived impact on management and discharge timing
- Definition (early imaging):** Contrast esophagram or upper GI contrast study within **72 hours** post-op
- Response scale:** Always; most of the time; about half the time; sometimes; never

Respondents	Foregut practice	Setting	Intraop endoscopy	Foregut pathway/ERAS
n=66	97%	Academic/Hybrid 77%	Always/Most 79%	60%

Results

- Intraop endoscopy use:** 79% of surgeons perform always/most of the time
- For routine cases:** most surgeons **never** obtain early postoperative contrast imaging for typical sliding hiatal hernia (**66%**), paraesophageal hernia (**49%**), Nissen fundoplication (**68%**), partial fundoplication (**65%**), LINX (**71%**), gastric bypass (**58%**), and cTIF (**60%**).
- **For redo cases:** early imaging was used more often than in primary cases, with **44%** reporting **always/most of the time** (**34%** **always**, **10%** **most**), compared with **21–30%** **always/most** across typical primary procedures.
- Low perceived yield:** Most (81%) of surgeons reported UGIs changed management in just 0–5% of studies.
- Actionable imaging results:** common management changes involved diet modification (41%), return to OR/surgical intervention (30%), endoscopic intervention (18%), and medication changes (10%).
- Discharge impact:** 30% reported delays in $\geq 10\%$ of patients (most often 6–24 h)
- Triggers for ordering *selective* early post op imaging:** intraop concern/injury 88%; early PO intolerance/dysphagia 69%; atypical anatomy 46%; retching/coughing in PACU 33%



Key Survey Takeaways at a Glance

Intraoperative Endoscopy Is Common
Used routinely by most foregut surgeons

Routine Early Contrast Is Uncommon
Seldom ordered after typical primary cases

Imaging Is Usually Trigger-Based
Most often ordered for intra-op concern, PO intolerance/dysphagia, or atypical anatomy

Low Yield, Potential Discharge Delay
Findings rarely change management and can delay discharge

Conclusion

Routine early postoperative contrast imaging is used infrequently after antireflux surgery and is typically reserved for redo cases or clinical concern. Perceived yield is low, management changes are infrequent, and studies may delay discharge.