gutflix
GI learning, personalised

Summary

What works better? Medical vs surgical therapy

Frank Zerbib

UEG Postgraduate Teaching Programme Vienna 2024 | Presentation

Education & Training | Neurogastroenterology & Motility | Oesophagus | Primary Care | Stomach & H. Pylori | Surgery

October 12, 2024

This debate compared medical versus surgical management of GERD, with speakers agreeing that proper patient selection through comprehensive esophageal testing is crucial, and that surgery may benefit refractory cases while PPIs remain first-line for most patients.

KEY POINTS

- The speaker stated that randomized controlled trials show surgery provides better reflux control than PPIs on pH monitoring, but quality of life scores are similar at five years.
- The speaker reported that in real-world practice up to 80 percent of patients resume PPI treatment after surgery, though rates are lower in expert centers with rigorous selection.
- Post-fundoplication syndrome including gas bloat, inability to belch, and flatulence is a common side effect that patients should be informed about preoperatively.
- The speaker stated that the effect of surgery on preventing neoplasm progression in Barrett's esophagus is not established and should not be a reason for referral.
- For refractory GERD, the speaker cited a New England Journal of Medicine 2019 study showing 67 percent improvement with surgery at one year, but noted that nearly 400 patients were screened to randomize only 78, emphasizing the importance of selection.
- The speakers recommended comprehensive preoperative testing including upper endoscopy, high resolution manometry, and pH impedance monitoring, preferably off PPIs, to confirm true GERD and exclude functional disorders that may overlap in up to 75 percent of cases.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/e6030a36-9130-11ef-babc-0242ac140004

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.