Endoscopic therapies for acid

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Endoscopy | Oesophagus

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The speaker reviewed three endoscopic anti-reflux techniques and stated that transoral incisionless fundoplication (TIF) is the most effective option among them for symptom improvement and PPI discontinuation, though acid exposure time does not normalise with standard TIF alone.

KEY POINTS

- The speaker reported that TIF significantly improves regurgitation and allows two-thirds of patients to reduce or stop PPI use, but acid exposure time does not normalise unless combined with surgical hiatal repair.
- In the speaker's presentation, TIF had serious adverse events in 8% of cases including perforation and bleeding, and the speaker stated significant inter-operator variation requires an experienced endoscopist.
- The speaker described anti-reflux mucosectomy techniques showing mixed results in randomised trials, with one multicenter RCT failing to meet its primary endpoint and uncertainty about patient selection including possible functional disorders.
- The speaker reported that radiofrequency ablation (Stretta) showed no clear mechanism of action, did not reduce acid exposure time, and in one randomised study the sham group performed better than the treatment group.
- The speaker stated that TIF is recommended by ASGE for patients with proven refractory GERD or regurgitation-predominant disease, but patients cannot have a hiatus hernia larger than 2 centimeters.
- In the speaker's view, TIF is the preferred choice among the three endoscopic techniques presented, particularly when institutional expertise is available and the hiatus can be addressed if needed.

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