ABSENT PERISTALSIS DOES NOT INCREASE THE RISK OF DYSPHAGIA IN PATIENTS UNDERGOING ANTI-REFLUX SURGERY

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UEG Week Copenhagen 2023 | Poster

Oesophagus

October 17, 2023

Patients with absent esophageal peristalsis on pre-operative manometry undergoing anti-reflux surgery had comparable post-operative dysphagia and GERD outcomes to those with normal motility at median 28-month follow-up.

KEY POINTS

- In 57 consecutive patients undergoing Nissen or Toupet fundoplication for proven GERD, 27 had absent peristalsis and 30 had normal motility on pre-operative high-resolution manometry assessed by Chicago Classification v4.0.
- Post-operative questionnaire scores for dysphagia, reflux symptoms, and quality of life were not significantly different between the absent peristalsis and normal motility groups (HODQ p=0.12, RSI p=0.60, GERD-HRQL p=0.75, RDQ p=0.28).
- Results remained consistent when analysis was restricted to patients undergoing Nissen fundoplication only, despite significantly more normal motility patients receiving Nissen versus Toupet procedures (90% vs 67%, p=0.03).
- The authors conclude that absent peristalsis should not be considered a contraindication for anti-reflux surgery in patients with proven GERD on pH-impedance monitoring.
- This study is relevant for gastroenterologists and surgeons evaluating candidacy for anti-reflux surgery in patients with esophageal dysmotility.

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