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Summary

UEG and EAES rapid guideline: Update systematic review, network meta-analysis, CINeMA and GRADE assessment, and evidence-informed European recommendations on surgical management of GERD

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Standards and Guidelines

Oesophagus | Stomach & H. Pylori | Surgery

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An evidence-based guideline using network meta-analysis suggests posterior partial fundoplication over total posterior or anterior 90° fundoplication for surgical management of GERD in adults, with anterior >90° fundoplication as an alternative option despite limited comparative evidence.

KEY POINTS

- The guideline was developed through systematic review, network meta-analysis using GRADE and Confidence in Network Meta-Analysis methodologies, with unanimous consensus from an international multidisciplinary panel including surgeons, gastroenterologists, and a patient representative.
- The guideline suggests posterior partial fundoplication over total posterior or anterior 90° fundoplication in adult patients with GERD as a weak recommendation.
- Anterior >90° fundoplication is suggested as an alternative, though relevant comparative evidence for this technique is limited.
- The guideline provides user-friendly decision aids accessible through MAGICapp to inform healthcare professionals' and patients' decision making.
- This resource is most relevant for surgeons, gastroenterologists, and adult patients considering surgical options for GERD management.

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