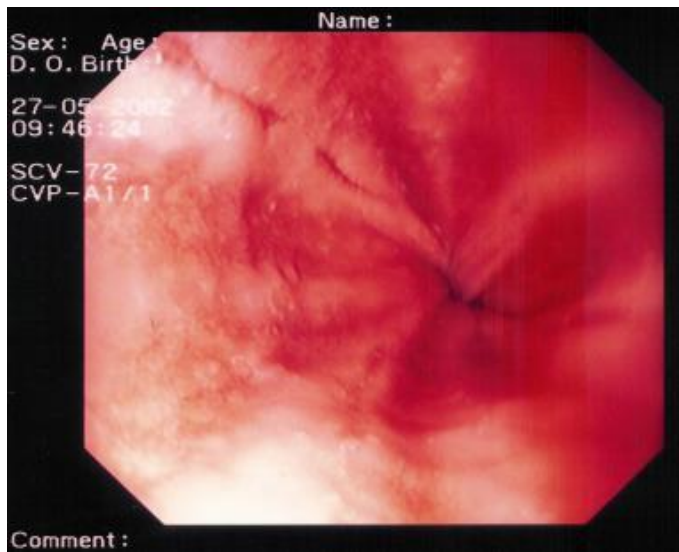
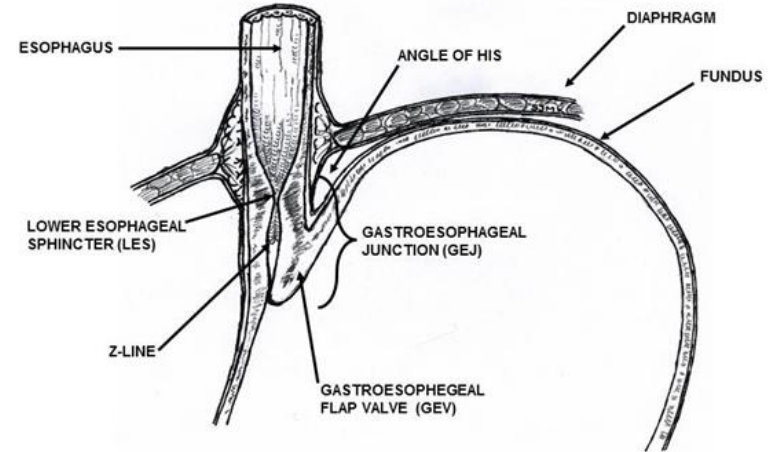


Gastro-Esophageal Reflux Disease (GORD)

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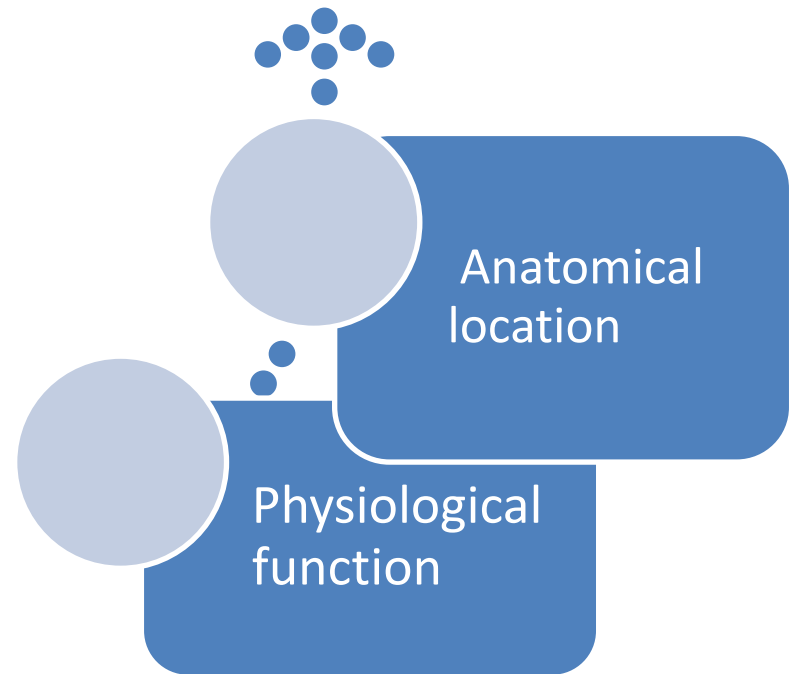
Introduction

- GORD occurs when reflux of Gastric juice into esophagus exceeds a normal limit
- Causes S/S with or without esophageal injury



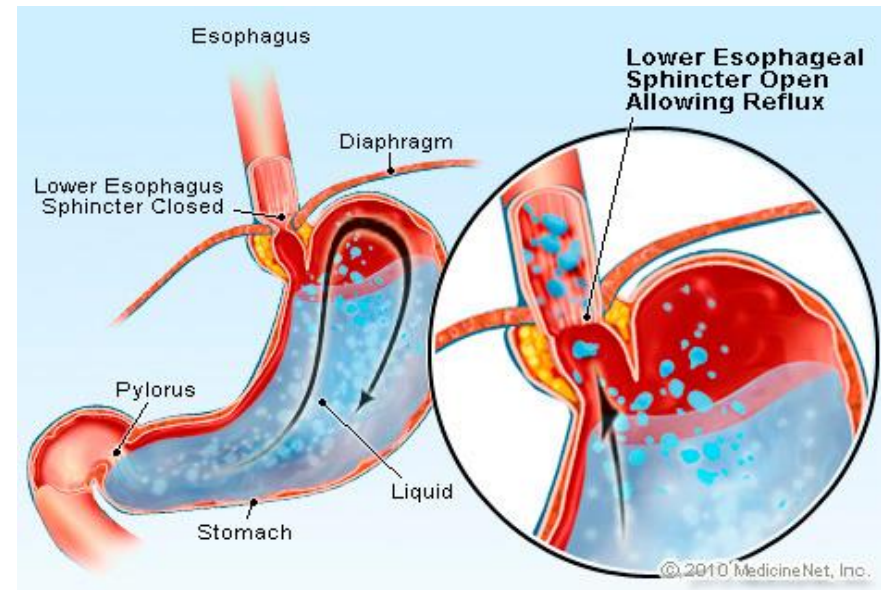
Introduction

- Normal competence of GOJ is maintained by LOS
- Intraabdominal length of esophagus
- LOS Pressure
- Angle of His



Introduction

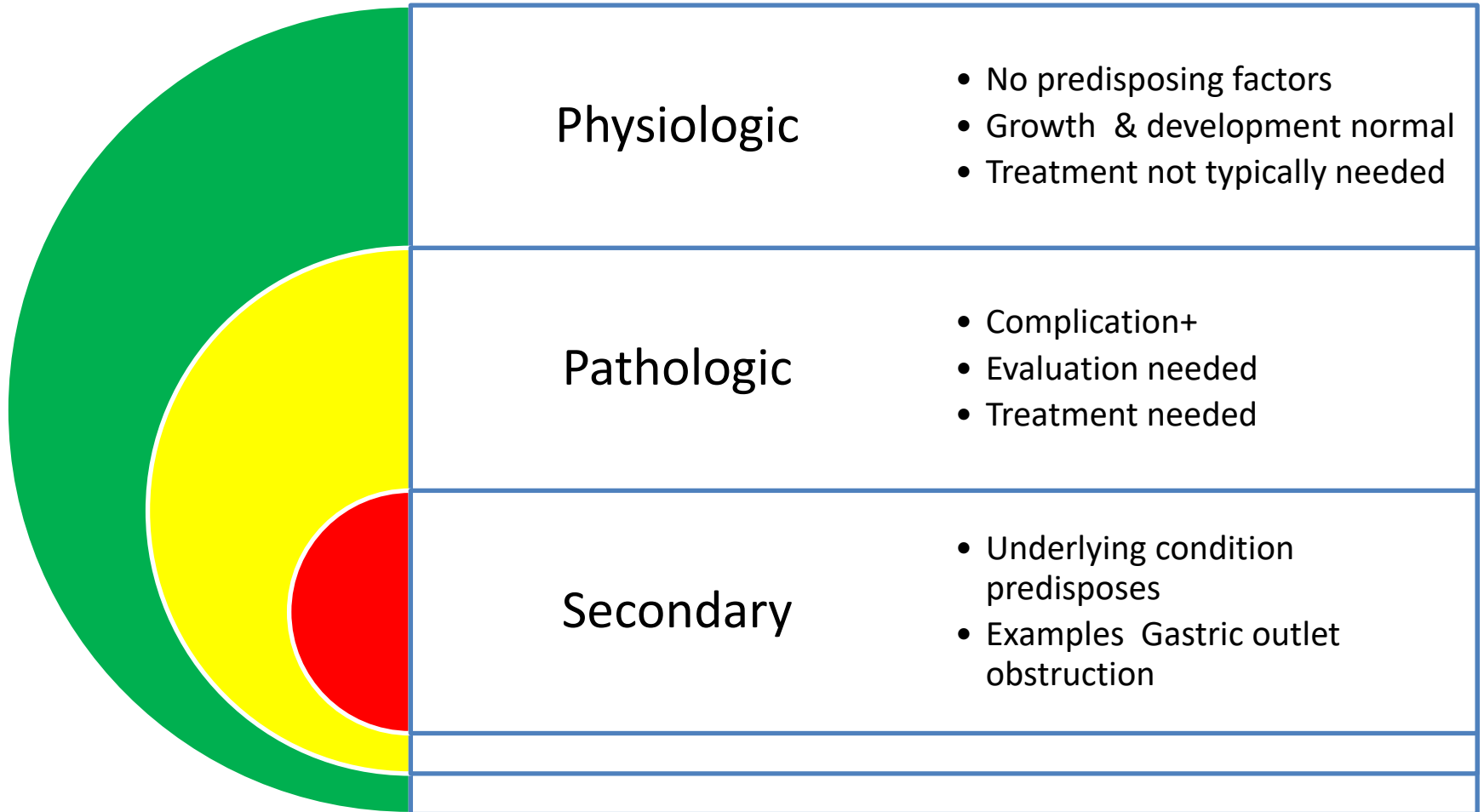
- Chronic relapsing disorder
- Incidence 5/1000
- Commonest reason for attending primary care
- Significant burden Health System
- Features vary mild to very severe
-
- May need surgical intervention



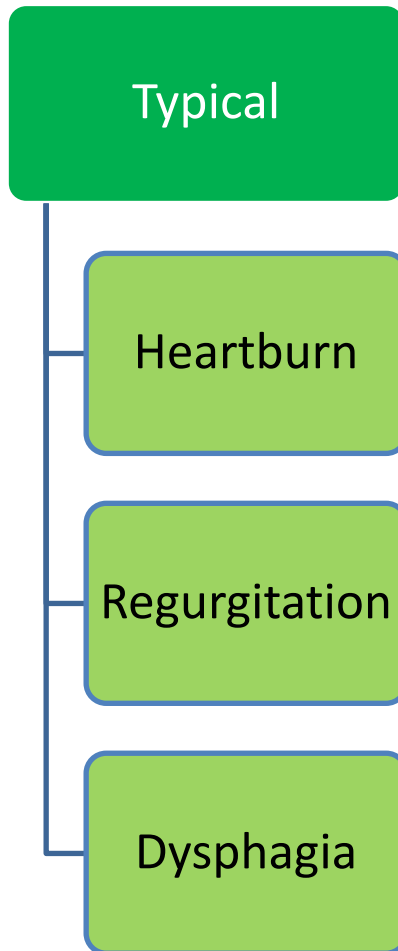
Etiology & Predisposing Factors for GORD

- Equal in both sexes
- Higher in pregnancy
- Smoking
- Increased salt intake
- Alcohol intake
- Coffee intake
- Drugs- NSAIDS, Aspirin, Nitrates & Steroids
- Hiatus hernia
- PUD
- Hypercalcemia
- Depression

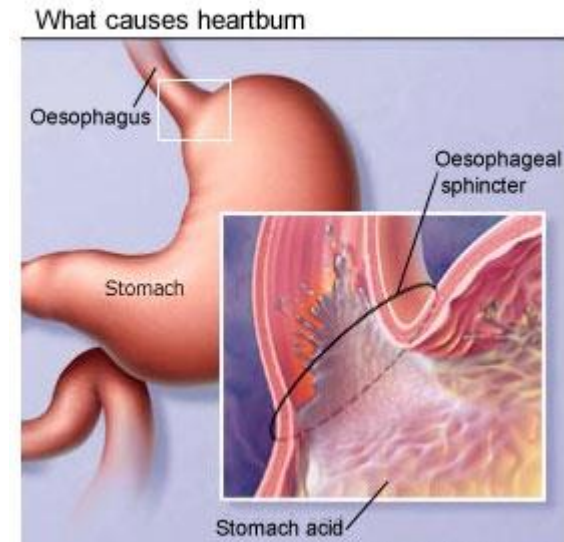
Types of GORD



Signs & Symptoms



- Diagnosis correct on typical symptoms in 70%
- ACG– may be assumed on empirical therapy



Signs & Symptoms

Atypical

Coughing or wheezing

Hoarseness & sore throat

Enamel erosion or other abnormalities

Non cardiac chest pain

Otitis media

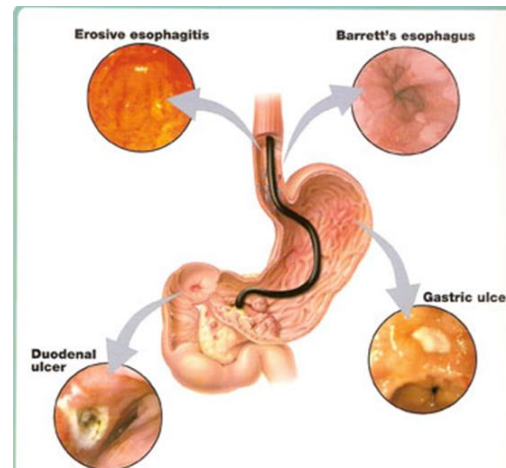
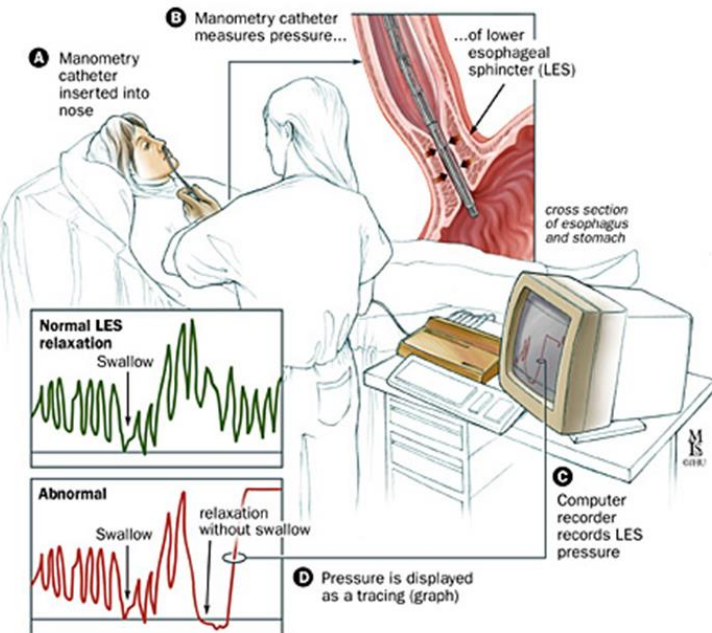
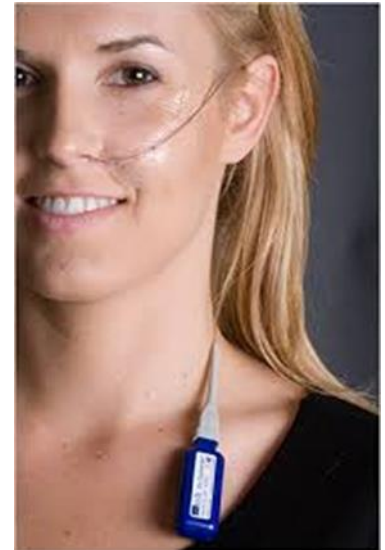
- 50% develop esophagitis & do not get heartburn
- Chest pain resembles cardiac pain

Differential Diagnosis

- Achalasia
- Acute gastritis
- Antral web cholelithiasis
- Chronic gastritis
- Coronary artery disease
- Cancer of esophagus
- Esophageal motility disorder
- Esophagitis
- Gallstones
- Hiatus hernia

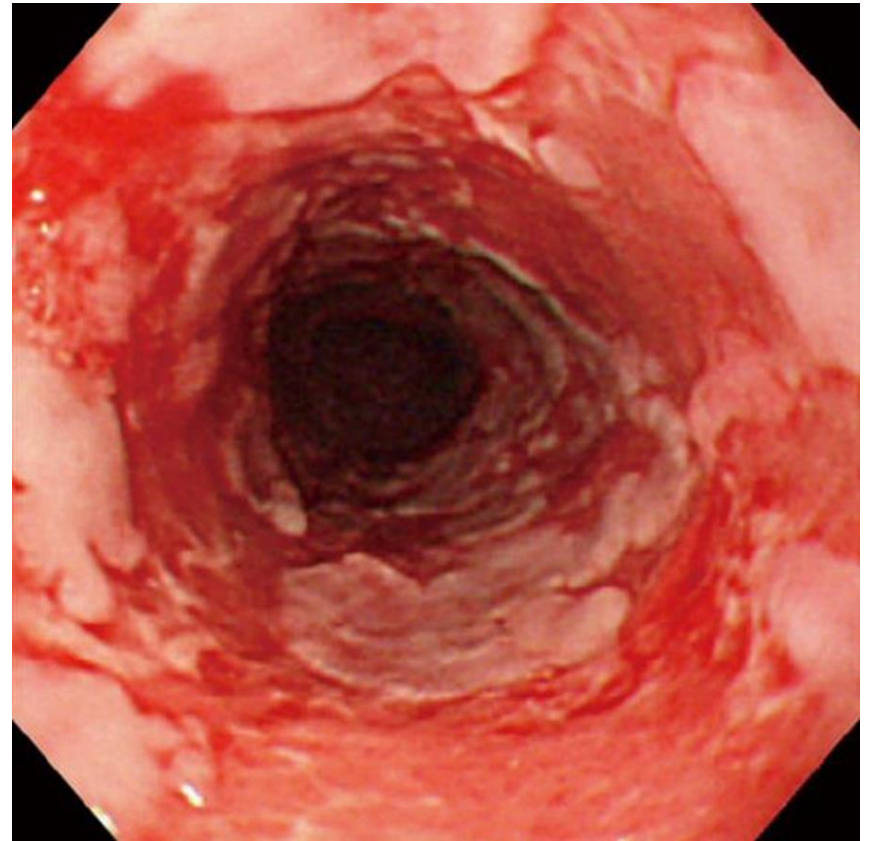
GORD Workup

- OGD
- Manometry
- 24-hour pH monitoring

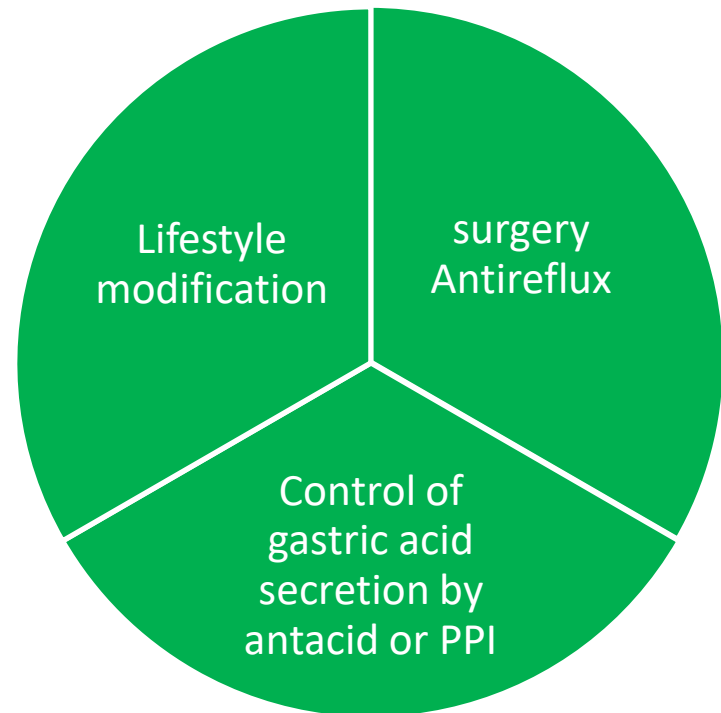
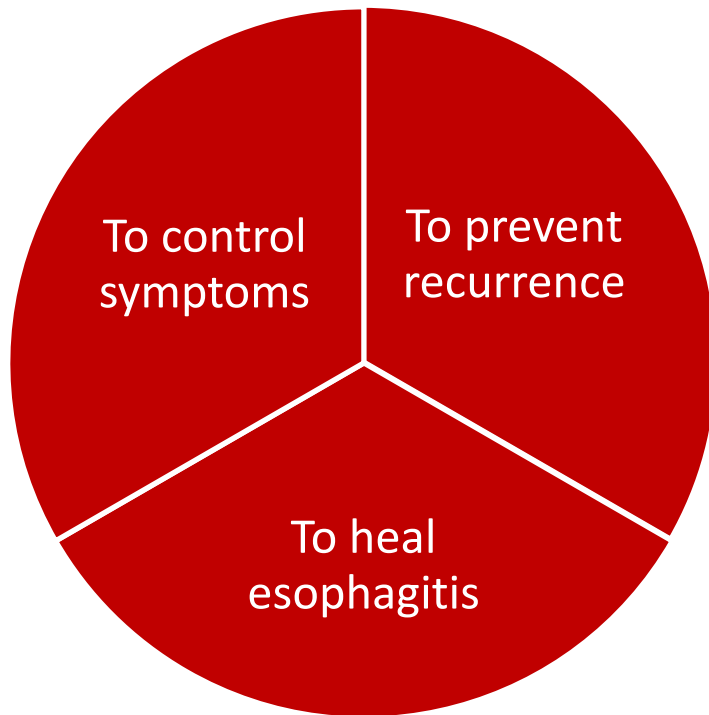


Complications of GORD

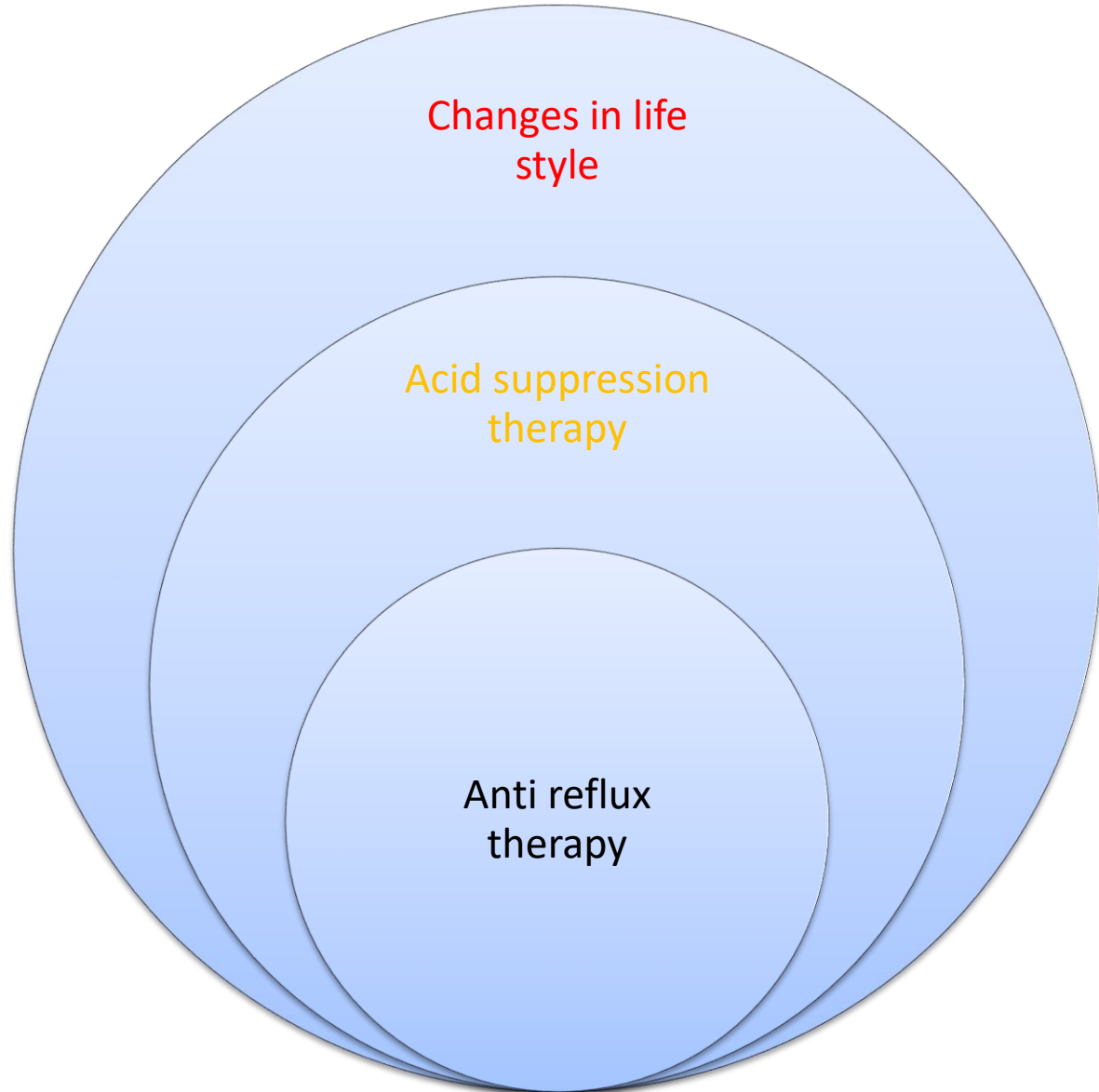
- Reflux esophagitis
- Ulcerative esophagitis
- Esophageal stricture & web



Treatment



Medical Treatment



Lifestyle Modifications

- Losing weight
- Avoid alcohol, chocolate, citrus juice, coffee
- Avoid large meals
- Waiting 3/4 after meal before lying down
- Elevating head of bed by 8 inches

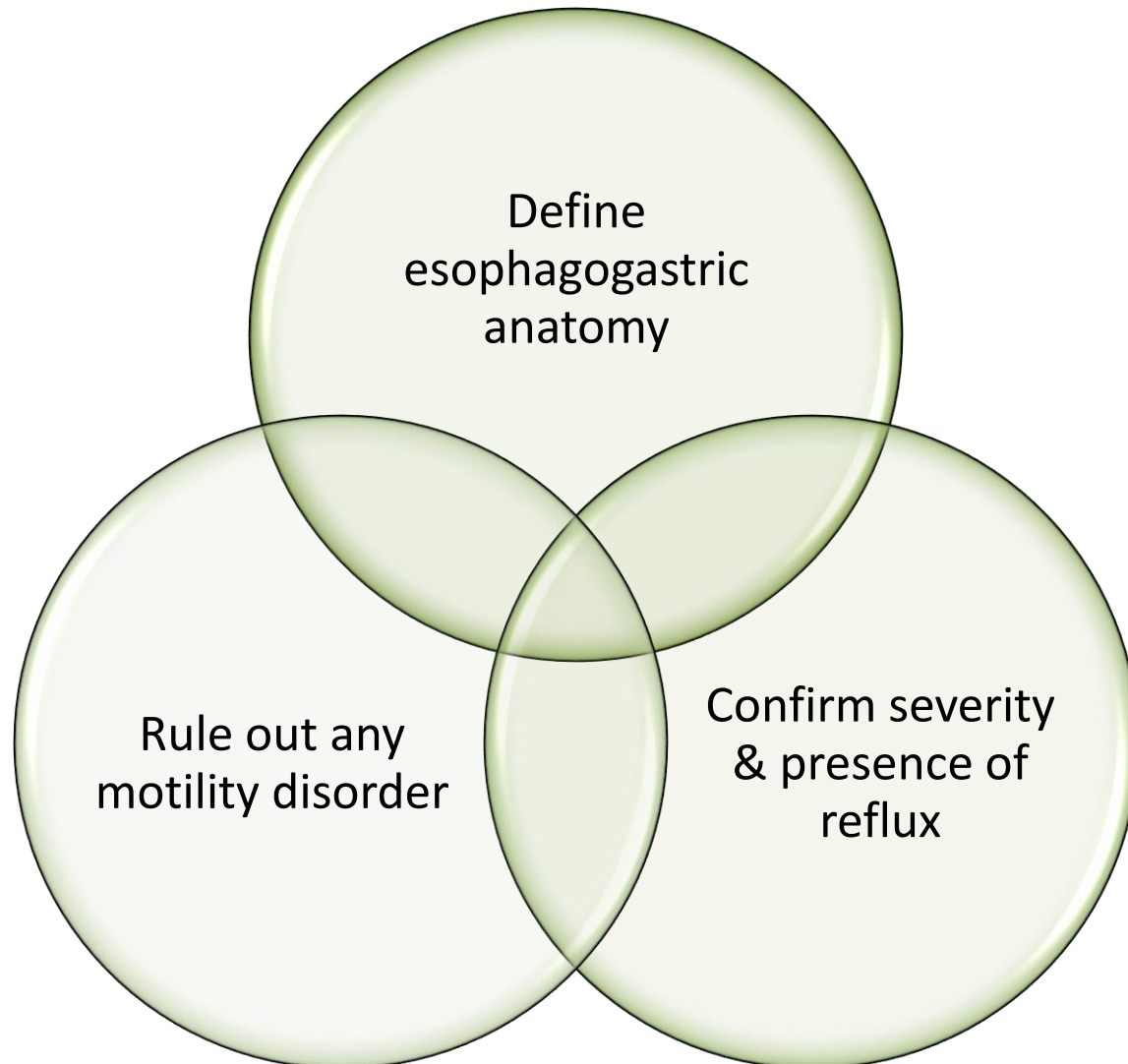
Pharmacologic Therapy

- Antacids
- H₂ receptors & H₂ blocker therapy
- PPI
- Pro-kinetic agents & reflux inhibitors

Indications for Surgery

- Patient wishes to control symptoms without medications
- Medical therapy no longer effective
- GORD with prominent regurgitation component
- Paraoesophageal hiatal hernia
- Complications of reflux
- Esophagitis
- Bleeding
- Stricture
- Mucosal ulceration

Preoperative Evaluations



Rule out any Motility Disorder

- Manometry
- Video contrast swallowing studies
- Nuclear medicine esophageal & gastric emptying studies

1. Confirm severity & presence of reflux

- A. Reflux symptoms
- B. Clinical response to medicine
- C. Contrast esophagoscopy
- D. Esophagoscopy
- E. pH studies

Antireflux Surgery

- Symptoms not controlled by PPI
- Poor compliance cost of medicine



Surgical Treatment

- Symptoms improve more after surgery
- But not without risk
- Cost effective



Refractory to
medical treatment

Development of
complications

Decline in
respiratory
functions

Surgical Options

- Objective of surgery– To create a competent LES
- Nissen – 360degree wrap
- Belsey- 270 degree wrap
- Hill- Fundoplication & Posterior Gastropexy
- Toupet- Anterior Partial wrap

Contraindications for Surgery

- Elevated body mass index
- Comorbidities with high risk patient
- Barrett's esophagus with HGD or adenocarcinoma
- Portal hypertension

Post-operative Complications

- Dysphagia
- Abnormal bloating
- Inability to belch or vomit
- Early satiety
- Nausea
- diarrhea