LETTER TO THE EDITOR

TREATMENT MODALITIES FOR GASTROESOPHAGEAL REFLUX DISEASE : MEDICAL VERSUS SURGICAL

Dear Editor,

Goel A Ganguly PK Tiwari B, mentioned that patients of GRED with medically controlled symptoms are preferring surgery to the life time of medication.¹ Of course, there are reports like more than 85% patients experiencing relief of symptoms of their GERD after surgery. However, surgical therapy has significantly better outcome of two years duration only. Two recent randomized trails of laproscopic and open Nissen fundoplication found no significant differences in the function outcome of the two procedures. One of these studies was terminated prematurely because an interim analysis showed an excess of adverse outcome in the group treated laproscopically.²

In one study – during a follow up period of 10-13 years surgical patients were significantly less likely to take anti-reflux medications regularly and when their anti-reflux medications were discontinued, their symptoms of GERD were only slightly less severe than those of medical patients. However, 62% of surgical patients took anti-reflux medications on regular basis and have no significant difference between the groups in rate of neoplastic and peptic complications of GERD, overall physical and mental well being scores and overall satisfaction with anti-reflux therapy. Anti-reflux surgery was associated with significant decrease in long term survival. The investigator concluded that anti-reflux surgery should not be advised with the expectation that patients with GERD will no longer need to take anti secretory medications or that the procedure will prevent esophageal cancer for those with GERD and Barretts esophagus.²

Therefore patients who fail to respond to medical therapy, who are unwilling to take long term proton pump inhibitor and those whose major symptoms is severe regurgitation should be considered for anti reflux surgery, provided that the patients are well informed about the complications such as inability to vomit and abdominal bloating – which develops in quite a number of patients and the possibility to need to take some kind of anti-reflux therapy for even life time.^{2,3,4}

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