

Twenty Years of Antireflux Surgery. Retrospective of a Laparoscopic Surgery Center

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Abstract

Introduction: Non-oncological pathology of the esogastric junction (EGJ) is an area of interdisciplinary interest for many practitioners (endoscopist, gastroenterologist, surgeon, radiologist). This is due to the increased incidence of esogastric junction benign pathology, especially gastro-esophageal reflux disease (GERD), currently considered the disease of the 21st century. The overall incidence of GERD is increasing annually. Meta-analyses show the prevalence of this pathology in Western countries of about 10-20%, compared to Asian countries where it is below 10%, in North America of 27.8%, and 25.9% in Europe (1,2,3).

Material and Methods: The experience of our department in antireflux surgery represents 20 years (2002-2021) of activity, during this time 768 antireflux interventions were performed for GERD and hiatal hernias (HH). Patients selected for antireflux surgery initially underwent conservative treatment in accordance with applicable international protocols. Approximately 40% of all patients were unwilling to undergo conservative antireflux treatment, and these data are in line with the world literature statistic (4). Moreover, the symptoms of gastroesophageal reflux disease in 24.2% of cases appeared one month after the end of conservative treatment, and in 35.8% after 6 months.

Results: The type of antireflux surgery in this period of activity was different and depended on the situation: the individual characteristics of the patient, different approaches to surgical techniques over different periods of time. Laparoscopic antireflux operations predominate in the majority of patients (96.6%) in the last 10 years, compared to previous years, where the rate of traditional interventions was 15-20. The complete fundoplication Nissen-Rossetti, due to the good control of GERD, has become an intervention of choice mainly for patients with GERD.

Conclusions: 1. Early diagnosis of refractory forms to medical treatment requires referral of patients to laparoscopic antireflux surgery to avoid severe complications of GERD. 2. The minimally invasive approach to antireflux surgery today is a golden standard, and the use of a complete fundoplication ensures the high effectiveness of these interventions.

Key words: gastroesophageal reflux disease, hiatal hernia, metaplasia of esophagus, Barrett's esophagus