

# Surgeons at BMC offering new procedure for acid reflux/GERD

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Boston Medical Center (BMC) surgeons are now offering patients an incisionless alternative to laparoscopic and traditional surgery for treatment of acid reflux or GERD.

Using the new procedure known as EsophyX TIF (Transoral Incisionless Fundaplication), surgeons can repair or reconstruct the valve between the esophagus and stomach, effectively stopping GERD. BMC is the only hospital in New England offering this new treatment.

GERD, also referred to as chronic heartburn, is reflux and regurgitation of the contents of the stomach into the esophagus that is frequent and severe enough to impact daily life and may even damage the esophagus. It is one of the most common diseases, with more than 60 million Americans experiencing symptoms at least once a month. Approximately 14 million Americans have GERD so frequent and severe that they experience symptoms every day.

Normally, after swallowing, a valve between the esophagus and stomach opens to allow food to pass into the stomach, then closes to prevent reflux of the food back into the esophagus. With GERD, this valve is weakened or absent, allowing the acidic digestive juices from the stomach to flow back (or reflux) into the esophagus. Using the EsophyX, BMC surgeons are able to pass surgical instruments together with an endoscope through a patient's mouth and tighten or repair the weakened valve without making any incisions into the skin.

"Compared to laparoscopic or traditional [surgery](#), patients treated via the endoscope have required less anesthesia and experienced less complication rates, shorter hospital stays and faster recovery, reduced patient discomfort, and no need for incisions," said Miguel Burch, MD, Co-Director of Esophageal and [Acid Reflux](#) Disorders, Center for Digestive Disorders at BMC. "Patients are typically able to return home and to normal activities the day following the procedure," he added.

Complications associated with untreated GERD are well documented and can have a significant impact on quality of life and, in extreme cases, life expectancy. Esophagitis can quickly become a chronic condition, and if the damage is severe, esophageal ulcers can form. If left untreated, a potentially premalignant condition, Barrett's esophagus, can develop and in a small percentage of patients this can progress to esophageal cancer.

"While over-the-counter medications may alleviate the symptoms, by decreasing production of stomach acid, they don't solve the anatomical problem and reflux (without acid) can still continue causing injury but without symptoms to warn the patient," said Hiran Fernando, MD, a cardiothoracic surgeon and director of minimally invasive thoracic surgery at BMC who performs the procedure jointly with Burch. "For patients who are dissatisfied with pharmaceutical therapies and are concerned about the long-term effects of over-the-counter medications, this procedure may be the answer," added Fernando.

According to the BMC surgeons, anatomical correction is key to long-term prevention of GERD and disease progression. Unfortunately, they say even laparoscopic surgical repair can be invasive and may be associated with side effects like gas bloat and difficulty swallowing. For this reason, less than one percent of GERD patients currently choose invasive surgical therapy to treat their condition.

Source: Boston University Medical Center

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