

## Short-term safety and symptomatic outcomes of transoral incisionless fundoplication with or without hiatal hernia repair in patients with chronic gastroesophageal reflux disease



### BACKGROUND

A retrospective community-based study evaluated the safety and symptomatic outcomes of the transoral incisionless fundoplication (TIF) procedure with or without hiatal hernia repair (HHR) in patients with chronic gastroesophageal reflux disease (GERD).

### METHODS

Forty-eight patients underwent TIF using EsophyX (EndoGastric Solutions, Redmond, WA) in 3 community hospitals. Patients who presented with a hiatal hernia 3 cm or more in the greatest transverse diameter underwent laparoscopic HHR before TIF.

### RESULTS

Forty-two patients completed follow-up assessment at a median of 6 (range 1–11) months. Laparoscopic HHR was performed in 18 (43%) patients before TIF. There were no long-term postoperative complications. GERD health related quality of life scores indicated heartburn elimination in 63% of patients. The need for daily proton pump inhibitor (PPI) therapy was eliminated in 76% of patients. Atypical symptom relief measured by the median reflux symptom index score reduction was significant (5 [0–47] vs 22 [2–42] on PPIs,  $P < .001$ ).

### CONCLUSION

Our results support the safety and symptomatic improvement of TIF with or without laparoscopic HHR. The patients' symptoms were significantly improved, and PPI use was significantly reduced.

### KEY POINTS

1. GERD-HRQL scored indicated heartburn elimination in 63% of patients.
2. Daily need of PPI therapy was eliminated in 76% of patients.
3. Atypical symptom relief measured by reflux symptom index (RSI) score.
  - a) Reduction was significant: 5 vs 22 on PPIs,  $P < .001$ .
4. Study evaluated safety and symptomatic outcomes of the transoral incisionless fundoplication (TIF) procedure – with or without hiatal hernia repair (HHR) in patients with chronic gastroesophageal reflux disease (GERD).
5. 48 patients underwent TIF using EsophyX device in three community hospitals.
6. Patients with HHR of 3cm or more in the greatest transverse diameter underwent LHHR before TIF.
  - a) LHHR was performed in 18 (43%) of patients prior to TIF.
  - b) 24/42 (57%) received TIF only.
7. 42 patients completed follow up out of 48.
8. Median follow-up time – 6 months.
9. Results support the safety and symptomatic improvement of TIF with or without LHHR.
  - a) Patients symptoms were significantly improved.
  - b) PPI use was significantly reduced.
  - c) No long-term postoperative complications.

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[https://www.americanjournalofsurgery.com/article/S0002-9610\(11\)00526-5/fulltext](https://www.americanjournalofsurgery.com/article/S0002-9610(11)00526-5/fulltext)



Learn more about the TIF® Procedure for Reflux

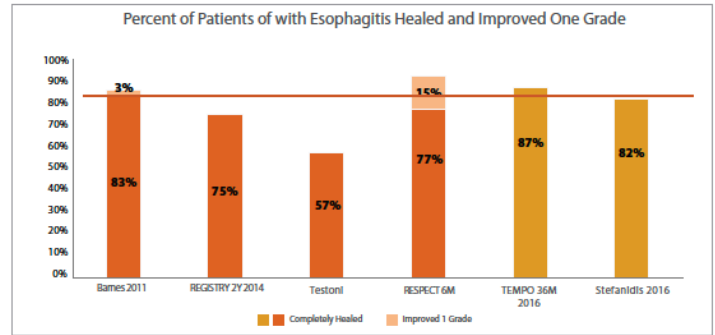
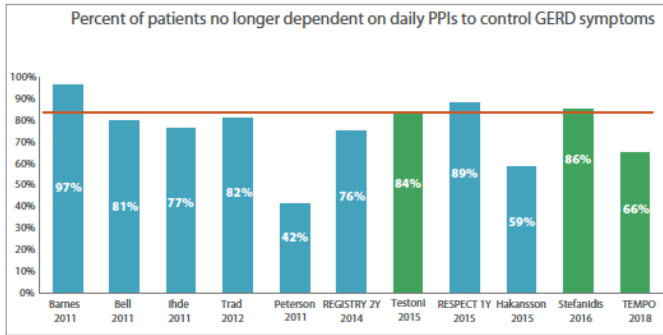


# Data Supports GERD Treatment Gap Option



**81%** of TIF patients no longer use PPIs daily

**84%** Esophagitis healed or improved one grade



Weighted incidence is 81.41% across 11 studies with follow-up > 6mo in 568 patients

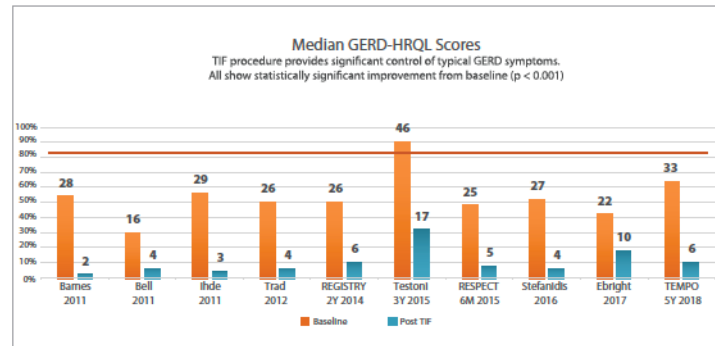
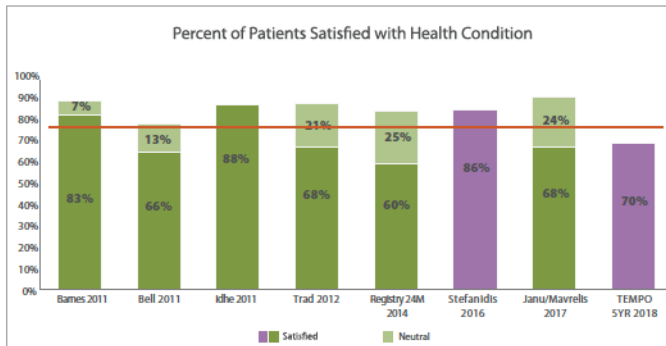
Weighted incidence is 78.35% across 3 studies follow-up > 59 mo in 120 patients

Weighted incidence is 80.25% across 6 studies follow-up > 6mo in 122 patients)

Weighted incidence is 83.94% across 2 studies follow-up > 36mo in 56 patients)

**78%** of TIF patients were satisfied with their health condition

**81%** Significantly improved quality of life scores



Weighted incidence is 73.1% across 8 studies follow-up > 6mo in 495 patients)

Weighted incidence is 78.4% across 2 studies follow-up > 59mo in 88 patients)

In the 10 studies where the follow-up was >=6 months, the weighted average percent reduction in the median score from the pre-study median baseline was 80.81%

TIF Procedure Delivers 10-Year Durability

