



CLINICAL DILEMMAS IN GERD

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Medtronic Medical Education Program

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Case #1

48 year old male with heartburn responsive to PPI is referred for pre-operative evaluation. He does not want long term PPI therapy

He denies dysphagia and regurgitation.

- EGD with EndoFLIP™ impedance planimetry system is performed
 - *EGD shows 3 cm hiatal hernia, no esophagitis*
 - *EndoFLIP™ system shows repetitive antegrade contractions (RACs) and normal EGJ distensibility*

Case #1 cont.

Questions:

- What are the essential components of an EndoFLIP™ system examination?
- Can we forgo preoperative esophageal manometry in patients with a normal EndoFLIP™ system exam?

Case #2

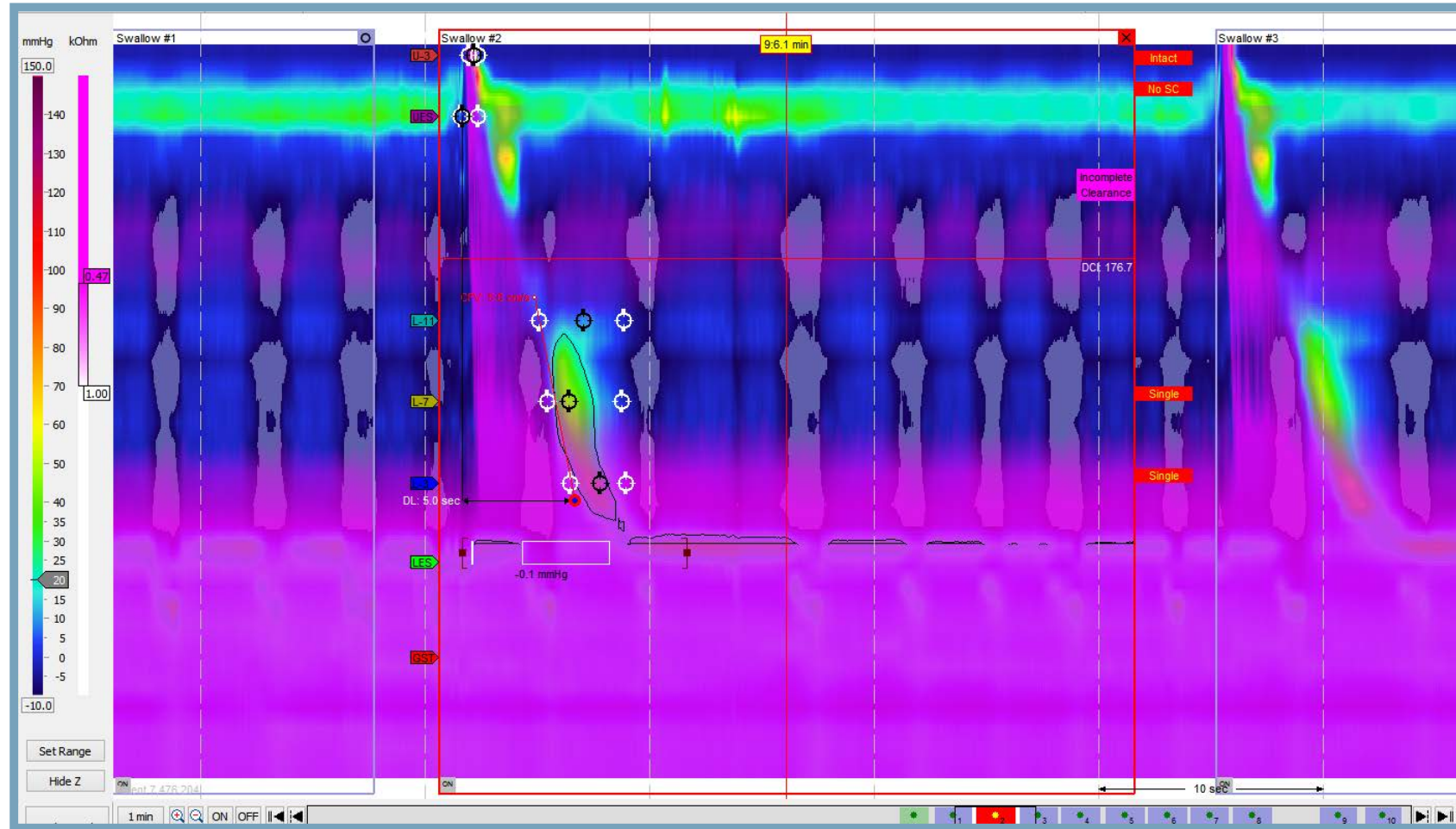
63 year old female with longstanding heartburn and regurgitation is seen for pre-operative evaluation.

She has responded to PPI but has persistent regurgitative symptoms, especially after meals and while lying down.

- EGD with 48 hour pH testing is performed off PPI
 - *EGD shows 2 cm hiatal hernia*
 - *pH testing shows increased upright and supine reflux with good symptom correlation*

- Esophageal manometry shows ineffective esophageal motility

Esophageal manometry



Case #2 cont.

Questions:

- What additional manometric details are helpful for preoperative patients?
 - DCI?
 - % failed swallows?
 - Impedance analysis?

- What can we do to mitigate post-operative dysphagia in these patients?
 - Additional pre-operative motility workup?
 - TIF™ vs LINX™ devices vs partial fundoplication

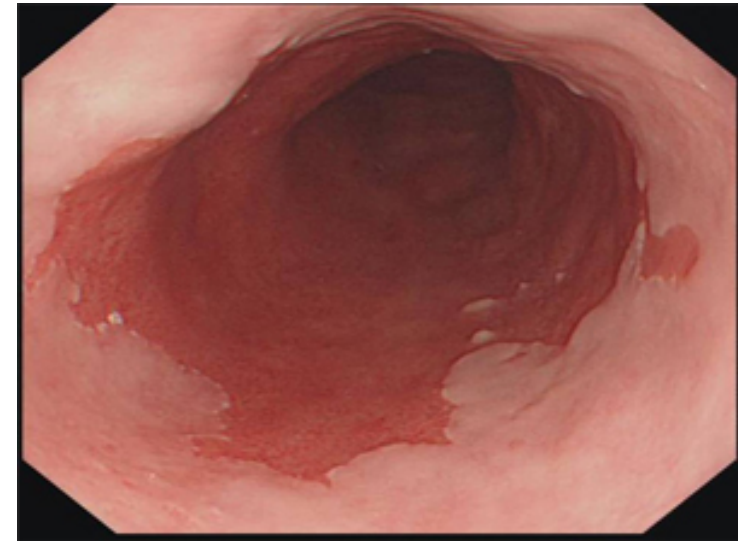
Case #3

65 year old male with Barrett's esophagus with high-grade dysplasia (HGD) is seen for further evaluation.

Longstanding GERD symptoms controlled on once daily PPI.

■ EGD

- *5 cm hiatal hernia*
- *C4M5 Barrett's esophagus, no nodular disease*
- *Class A esophagitis*



Case #3 CONT.

Questions:

- How should this patient's GERD and Barrett's esophagus be managed?
- Should he undergo anti-reflux surgery prior to radiofrequency ablation (RFA)?