CLINICAL DILEMMAS IN GERD

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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)?