

American Society of General Surgeons (ASGS) Position Statement Transoral Fundoplication

The ASGS supports the use of transoral fundoplication by trained General Surgeons for the treatment of symptomatic chronic gastroesophageal reflux disease (GERD) in patients who fail to achieve satisfactory response to a standard dose of Proton Pump Inhibitor (PPI) therapy or for those who wish to avoid the need for a lifetime of medication dependence. The purpose of surgical fundoplication is to reconstruct the biomechanics and physiology of the esophagogastric junction in order to prevent stomach contents from refluxing into the patient's esophagus. The General Surgeon has a choice on how to achieve a surgical fundoplication – open incisional, laparoscopic or transoral. Transoral fundoplication adheres to the same fundamental surgical principles, which have guided surgical care of GERD for more than 50 years. Specifically, a trained General Surgeon can create a full thickness esophagogastric fundoplication to correct an incompetent lower esophageal sphincter with a transoral approach.

During transoral fundoplication, a General Surgeon constructs an anterior partial fundoplication of 270-300 degrees by attaching the fundus to the anterior and left lateral wall of the distal esophagus slightly above the esophagogastric junction through fullthickness plications using multiple fasteners around the gastroesophageal junction. In clinical studies, the transoral fundoplication procedure has been shown to offer comparable results to traditional open and laparoscopic approaches. Transoral fundoplication is also indicated to narrow the gastroesophageal junction and reduce hiatal hernia < 2cm in patients with chronic GERD.

The ASGS continues to supports the adoption of this procedure by trained General Surgeons as a less invasive alternative to more conventional surgical techniques. However, ASGS believes that in patients who are candidates for fundoplication, the preferred surgical technique for creating the fundoplication should be left to the discretion of the General Surgeon and should be based on the surgeon's independent medical judgment and the individual patient's clinical circumstances. The ASGS position on transoral fundoplication is based in part upon the following peer-reviewed.

Supporting Publications:

-Barnes WE, Hoddinott KM, et al. Transoral incisionless fundoplication offers high patient satisfaction and relief of therapy-resistant typical and atypical symptoms of GERD in community practice. *Surgical Innov* 2011 Feb;[Epub ahead of print].

-Bell RCW, Freeman KD. Clinical pH-metric outcomes of transoral esophagogastric fundoplication for the treatment of gastroesophageal reflux disease. *Surgical Endoscopy*. 2010 December 8;[Epub ahead of print].

-Cadiere G-B, Van Sante N, et al. Two-year results of a feasibility study on Antireflux Transoral incisionless fundoplication (TIF) using EsophyX. *Surgical Endoscopy*. 2009; 23 (5): 957-64.