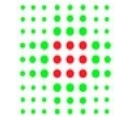




Università
degli Studi
di Ferrara



SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Ospedaliero - Universitaria di Ferrara

PATOLOGIA BENIGNA DEL GIUNTO GASTRO-ESOFAGEO: VERSO UN APPROCCIO INTEGRATO MULTIDISCIPLINARE

USO APPROPRIATO DELLA CHIRURGIA

Ferrara 13 Ottobre 2018

Nicola Tamburini

UO Chirurgia 1 - Chirurgia Toracica, Azienda Ospedaliero-Universitaria di Ferrara

BACKGROUND

Incidenza nella popolazione occidentale: 4-40 % adulti

Negli Stati Uniti la malattia da reflusso gastroesofageo colpisce il 20 % della popolazione



Costo stimato di 10 miliardi di dollari / anno

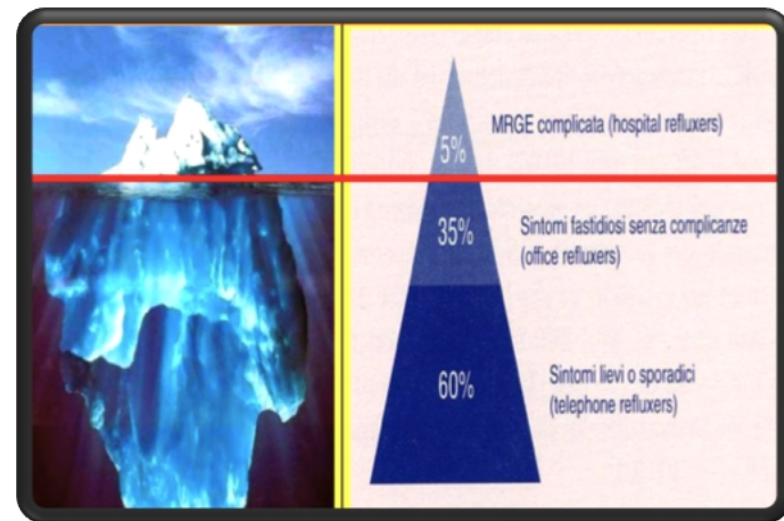


BACKGROUND

17-32 %: persistenza di pirosi e rigurgito nonostante trattamento farmacologico ottimale

Impatto economico per l'uso cronico di medicinali

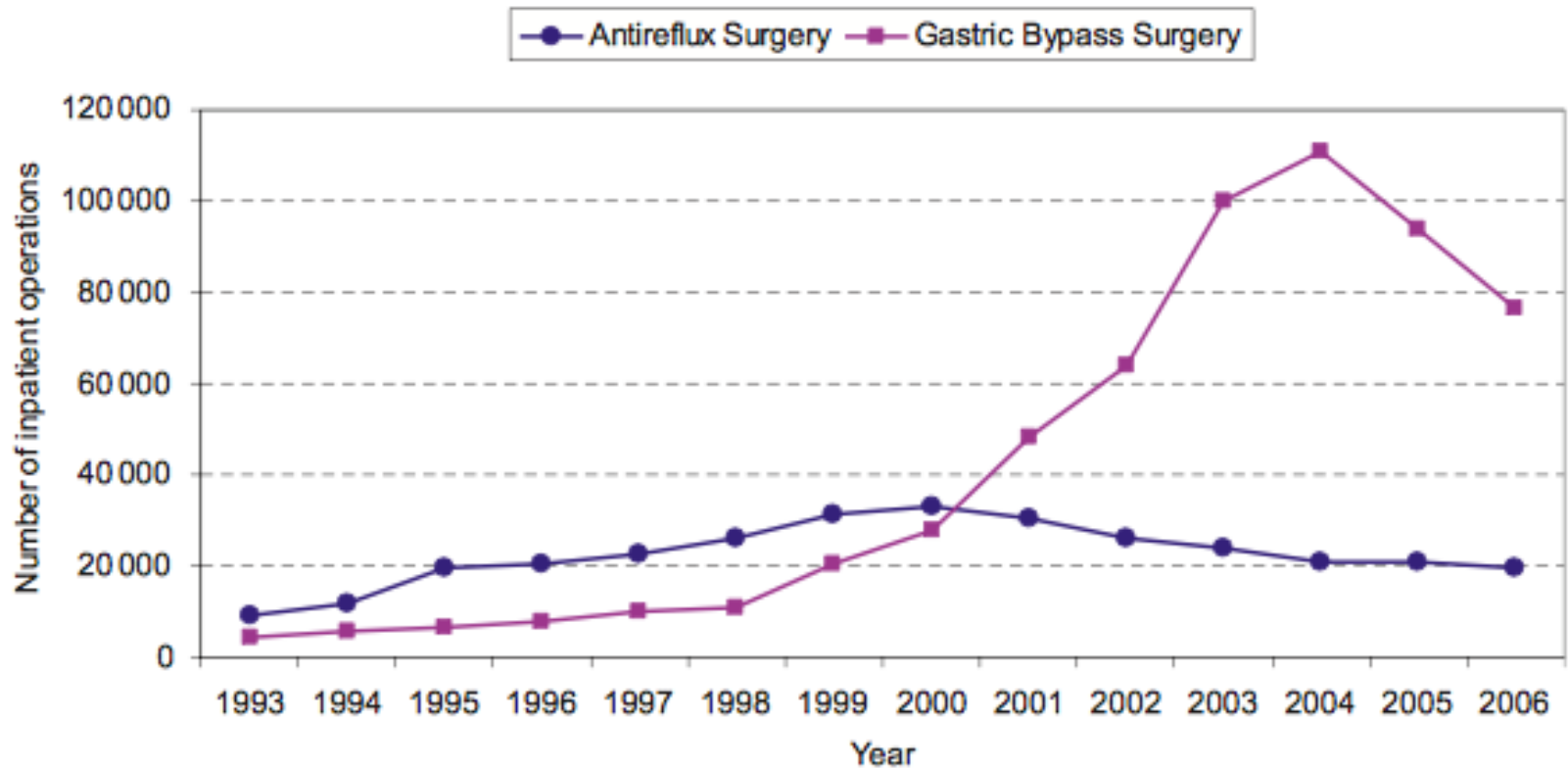
Effetti collaterali quali infezioni da Clostridium, polmoniti, carenza B12, ipomagnesemia in caso di terapia cronica con PPI



El-Serag H, Becher A, Jones R. Systematic review: persistent reflux symptoms on proton pump inhibitor therapy in primary care and community studies. *Aliment Pharmacol Ther.* 2010;32(6):720–737.

Patti MG. An evidence-based approach to the treatment of gastroesophageal reflux disease. *JAMA Surg* 2016;151:73–78.

TREND NEGLI ANNI CHIRURGIA REFLUSSO



Wang YR, Dempsey DT, Richter JE. Trends and perioperative outcomes of inpatient antireflux surgery in the United States, 1993-2006. *Dis Esophagus* 2011;24:215-23.

PERCHE' CALO INTERVENTI CHIRURGICI?

Efficacia e marketing delle terapie farmacologiche

Dubbi sulla efficacia lungo termine

Rischio di complicanze intervento

Migliore selezione dei pazienti

Carenza di centri di riferimento



LA CHIRURGIA HA ANCORA UN RUOLO?

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CHIRURGIA REFLUSSO



Tutti

Immagini

Notizie

Shopping

Video

Altro

Impostazioni

Strumenti

Circa 282.000 risultati (0,35 secondi)

Reflusso gastroesofageo, la chirurgia non è sempre risolutiva - La ...

www.lastampa.it/2017/10/23/scienza/reflusso...la-chirurgia-non.../pagina.html

23 ott 2017 - Ma quando la malattia da reflusso è causata da un'alterata motilità nell'esofago o nello stomaco, in realtà, la chirurgia non è quasi mai ...

Hai visitato questa pagina 2 volte. Ultima visita: 07/10/18

LA STAMPA SALUTE

SEGUICI SU



ACCEDI



Reflusso gastroesofageo, la chirurgia non è sempre risolutiva

Più efficace la soluzione farmacologica. E attenzione alla dieta: il controllo del peso corporeo è fondamentale e bisogna ridurre il consumo di alcuni cibi

Association Between Laparoscopic Antireflux Surgery and Recurrence of Gastroesophageal Reflux

John Maret-Ouda, MD; Karl Wahlin, MSc, PhD; Hashem B. El-Serag, MD, MPH; Jesper Lagergren, MD, PhD

RESULTS Among all 2655 patients who underwent antireflux surgery (median age, 51.0 years; interquartile range, 40.0-61.0 years; 1354 men [51.0%]) and were followed up for a median of 5.6 years, 470 patients (17.7%) had reflux recurrence; 393 (83.6%) received long-term

Criteria di selezione non chiaramente definiti

Nella restante percentuale dei paziente non è chiarito se la presenza di sintomi e l'assunzione di PPI fosse realmente associata a recidiva di reflusso patologico

82,3% dei pazienti senza sintomi e senza terapia un pessimo risultato?

CONCLUSIONS AND RELEVANCE Among patients who underwent primary laparoscopic antireflux surgery, 17.7% experienced recurrent gastroesophageal reflux requiring long-term medication use or secondary antireflux surgery. Risk factors for recurrence were older age, female sex, and comorbidity. Laparoscopic antireflux surgery was associated with a relatively high rate of recurrent gastroesophageal reflux disease requiring treatment, diminishing some of the benefits of the operation.

LA CHIRURGIA HA ANCORA UN RUOLO?

PubMed ▾ surgery gastroesophageal reflux disease

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Surgical Interventions

World Gastroenterology Organisations
GERD Global Perspective on Gastro



Surgical intervention (usually fundoplication) in GERD patients is rarely indicated, but may be considered if there is a large hiatal hernia causing volume-related reflux symptoms and if there is evidence of aspiration or cardia dysfunction. Other indications may include noncompliance with medical treatment, side effects associated with medical therapy, esophagitis refractory to medical therapy, or persistent symptoms documented as being caused by refractory GERD.⁵²

Surgical options for GERD

1. Surgical therapy is a treatment option for long-term therapy in GERD patients. (Strong recommendation, high level of evidence)
2. Surgical therapy is generally not recommended in patients who do not respond to PPI therapy. (Strong recommendation, high level of evidence)
3. Preoperative ambulatory pH monitoring is mandatory in patients without evidence of erosive esophagitis. All patients should undergo preoperative manometry to rule out achalasia or scleroderma-like esophagus. (Strong recommendation, moderate level of evidence)
4. Surgical therapy is as effective as medical therapy for carefully selected patients with chronic GERD when performed by an experienced surgeon. (Strong recommendation, high level of evidence)
5. Obese patients contemplating surgical therapy for GERD should be considered for bariatric surgery. Gastric bypass would be the preferred operation in these patients. (Conditional recommendation, moderate level of evidence)
6. The usage of current endoscopic therapy or transoral incisionless fundoplication cannot be recommended as an alternative to medical or traditional surgical therapy. (Strong recommendation, moderate level of evidence)

DIAGNOSI

Adeguate inquadramento

Diagnosi corretta



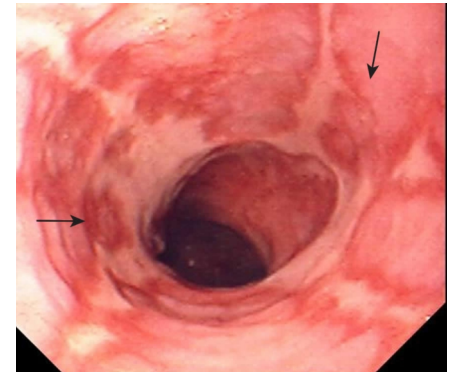
VARIANTI MRGE

- **Forma erosiva:** sintomi tipici + erosioni
- **NERD:** sintomi tipici, non erosioni, Ph metria positiva
- **Esofago ipersensibile:** sintomi, no erosioni, Ph negativa, positiva corrispondenza tra sintomi ed episodi reflusivi
- **Pirosi funzionale:** sintomi, no erosioni, ph negativa, no associazione sintomi-reflusso



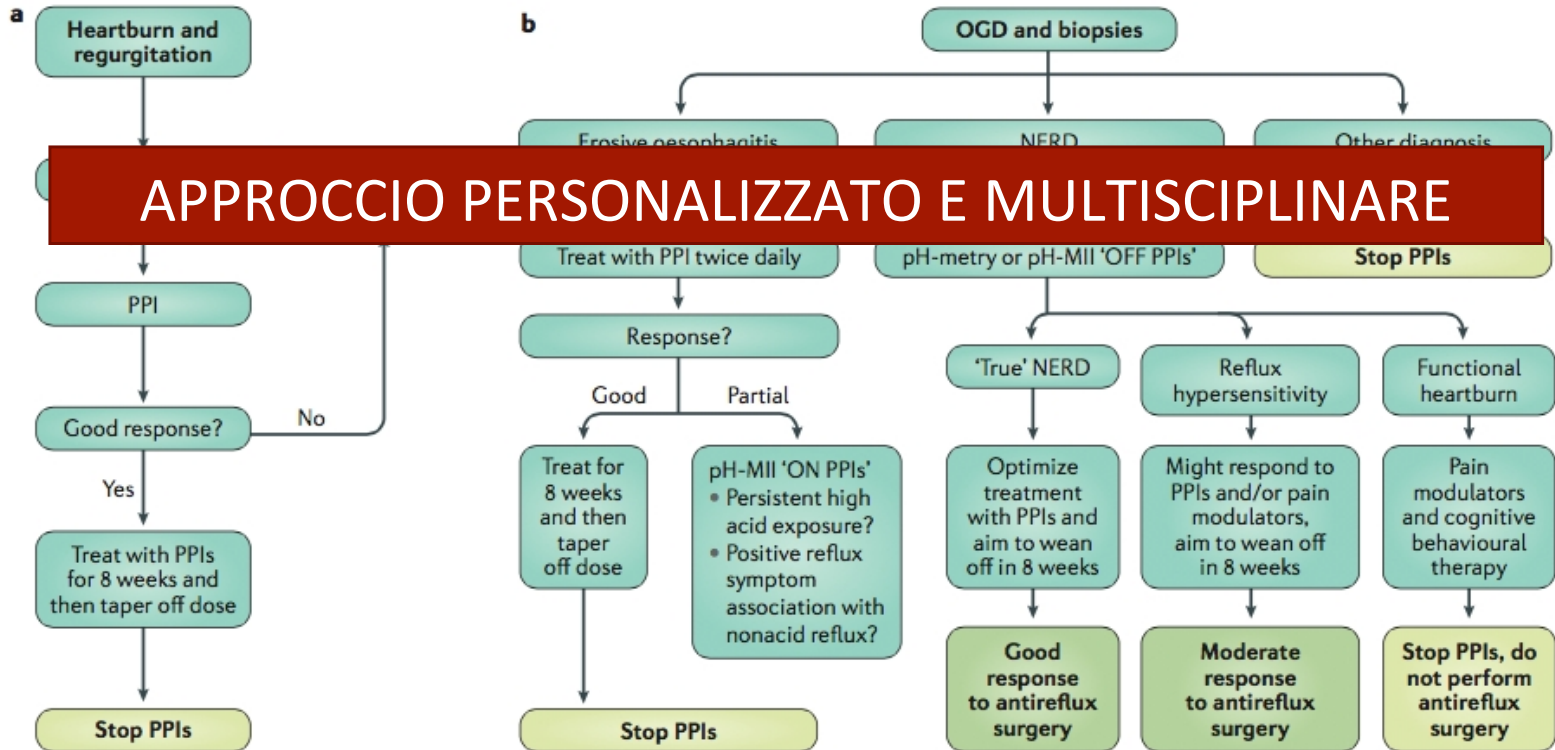
VALUTAZIONE MULTIMODALE

categorizzare correttamente la diagnosi
definire il trattamento sulla base del fenotipo



APPROCCIO TERAPEUTICO

REVIEWS



APPROCCIO PERSONALIZZATO E MULTISCIPLINARE

ESAMI PREOPERATORI

2013: **Esophageal Diagnostic Advisory Panel** linee guida per la valutazione di MRGE prima del trattamento chirurgico



- Valutazione clinica: sintomi tipici / atipici, risposta a PPI
- Endoscopia
- Pasto baritato
- Ph metria
- High resolution manometry

ESAMI PREOPERATORI



ATTENZIONE ALLO STATO PSICOLOGICO PREOPERATORIO DEL PAZIENTE

Surg Endosc (2003) 17: 55–60
DOI: 10.1007/s00464-002-8504-8

© Springer-Verlag New York Inc. 2002

Does major depression in patients with gastroesophageal disease affect the outcome of laparoscopic antireflux surgery?

T. Kamolz,¹ F. A. Granderath,² R. Pointner²

Diseases of the Esophagus (2010) 23, 8–12
DOI: 10.1111/j.1442-2050.2009.00983.x

DISEASES OF THE ESOPHAGUS

Patients with pathological results in the preoperative GHQ-28 had poorer results in terms of postoperative quality of life despite having normal postoperative physiological studies; this decreased quality of life did not have an impact on the degree of satisfaction with surgery performed. The GHQ-28 does not therefore appear to serve as a predictor of postoperative satisfaction.

Fundoplication for the treatment of gastroesophageal reflux

Á. Díaz de Liaño, C. Yárnoz, C. Artieda, A. Artajona, L. Fernández, H. Ortiz

Díaz de Liano A, et al.: Dis Esophagus. 2009 Jun 9

Kamolz T, et al.: Surg Endosc. 2003 Jan;17(1):55-60

INDICAZIONI INTERVENTO CHIRURGICO

- Incompleto beneficio dalla terapia con PPI → rigurgiti
- Complicanze da terapia PPI
- Ridotta aderenza alla terapia PPI
- Sintomi extraesofagei
- Complicanze MRGE
- Voluminosa ernia iatale associata



PERCHÉ LA CHIRURGIA FUNZIONA?

Updates in Surgery
<https://doi.org/10.1007/s13304-018-0562-0>

ORIGINAL ARTICLE

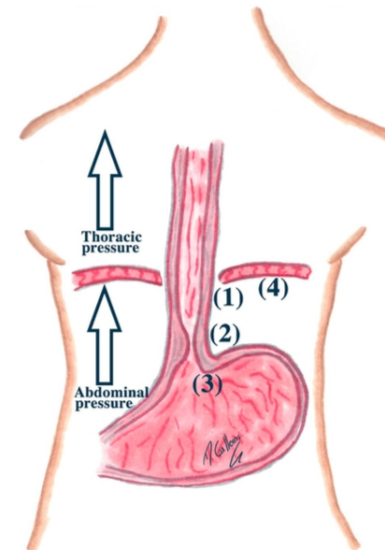
**Pathophysiology of gastroesophageal reflux disease:
how an antireflux procedure works (or does not work)**

Fernando A. M. Herbella¹ · Francisco Schlottmann^{2,3} · Marco G. Patti³

Riporta (e mantiene) lo stomaco in addome

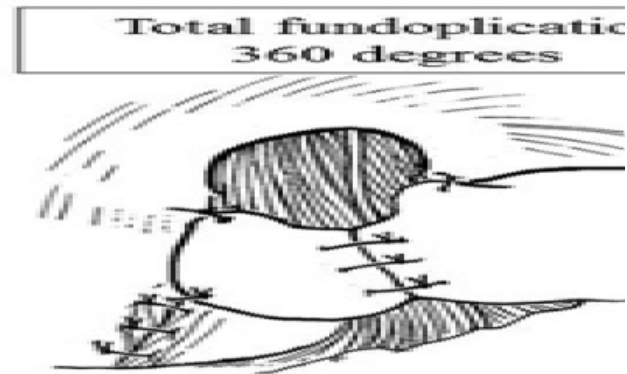
Ricrea l'angolo di his

Rinforza lo sfintere



APPROPRIATO INTERVENTO CHIRURGICO

- Mobilizzazione dell'esofago
- Localizzazione intraaddominale della giunzione G-E
- Chiusura iato
- Adeguata funduplicatio con sezione dei vasi gastrici brevi



Patterson EJ, Herron DM, Hansen PD, et al. Effect of an esophageal bougie on the incidence of dysphagia following nissen fundoplication: a prospective, blinded, randomized clinical trial. Arch Surg 2000;135:1055-61; discussion 1061-2.

COMPLICANZE

Mortalità 0,1 %

Incidenza globale di complicanze 0-14 %

Importanza di esteso colloquio preoperatorio

Procedure-related risks or complications

Pneumothorax	0–4%
Gastric or esophageal injury	0–4%
Conversion to open	0–24%
Wound infection	0.2–3.1%
Wrap migration or herniation	0.8–26%
Reoperation rates	0 to 15%
Dysphagia	5%
Recurrent heart burn	1–10%
Recurrent regurgitation	1%



Robinson B, Dunst CM, Cassera MA, Reavis KM, Sharata A, Swanstrom LL. 20 Years later: Laparoscopic fundoplication durability. Surg Endosc 2015;29:2520–2524.

IMPORTANZA DEI CENTRI SPECIALIZZATI

World J Surg

<https://doi.org/10.1007/s00268-017-4429-1>



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ORIGINAL SCIENTIFIC REPORT

Antireflux Surgery in the USA: Influence of Surgical Volume on Perioperative Outcomes and Costs—Time for Centralization?

Francisco Schlottmann¹ · Paula D. Strassle^{1,2} · Marco G. Patti³

Conclusions When antireflux surgery is performed at high-volume hospitals, morbidity is lower, length of hospital stay is shorter, and costs for the healthcare system are decreased.

CONCLUSIONI

La chirurgia costituisce tuttora un trattamento efficace per MRGE

L'indicazione chirurgica deve essere **PERSONALIZZATA**

La chiave del successo:

- attenta valutazione preoperatoria
- selezione dei pazienti
- corretto intervento chirurgico

Approccio multidisciplinare

GRAZIE PER L'ATTENZIONE

