

Laparoscopic Sleeve Gastrectomy and concomitant Transoral Incisionless Fundoplication: Future or Myth?

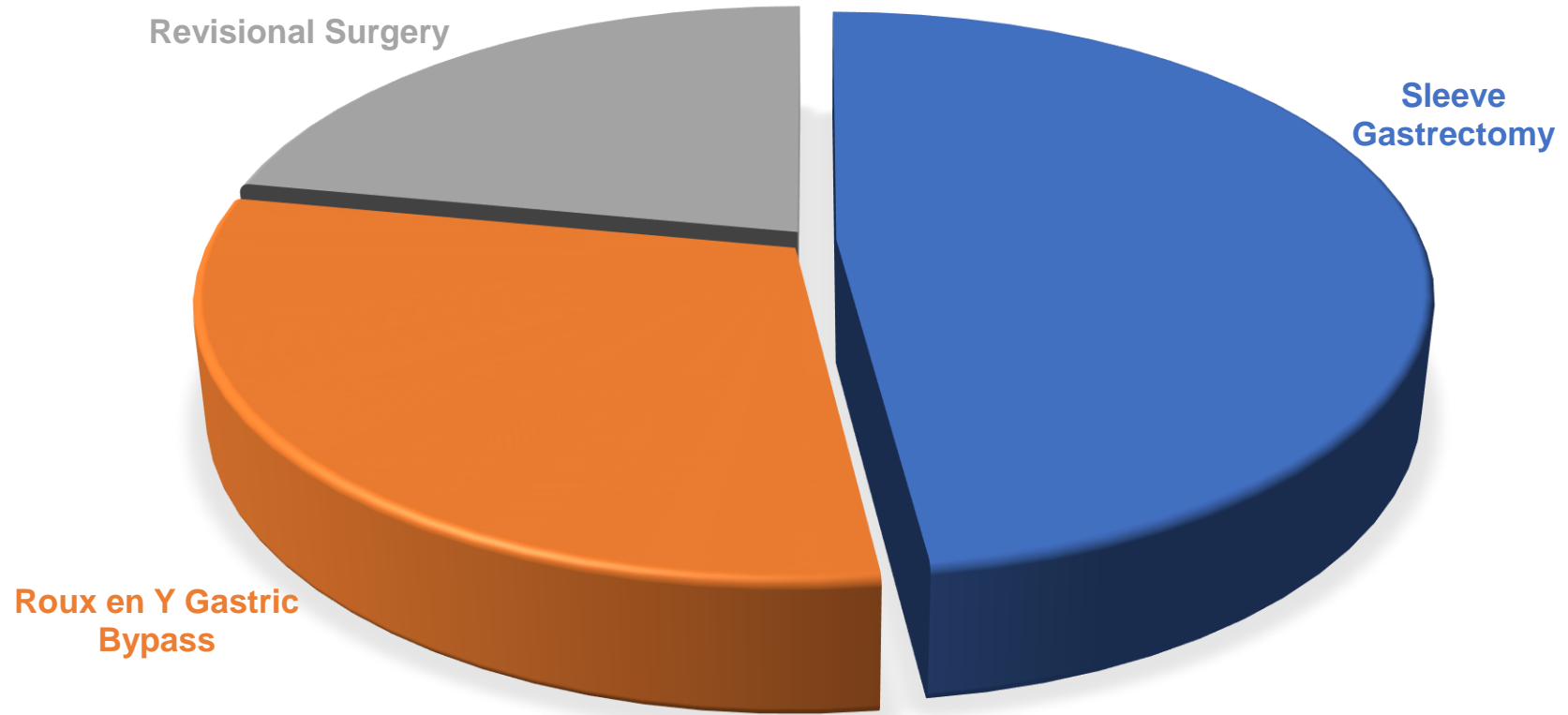
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Conflict of Interest Disclosure

In accordance with «EACCME criteria for the Accreditation of Live Educational Events»:

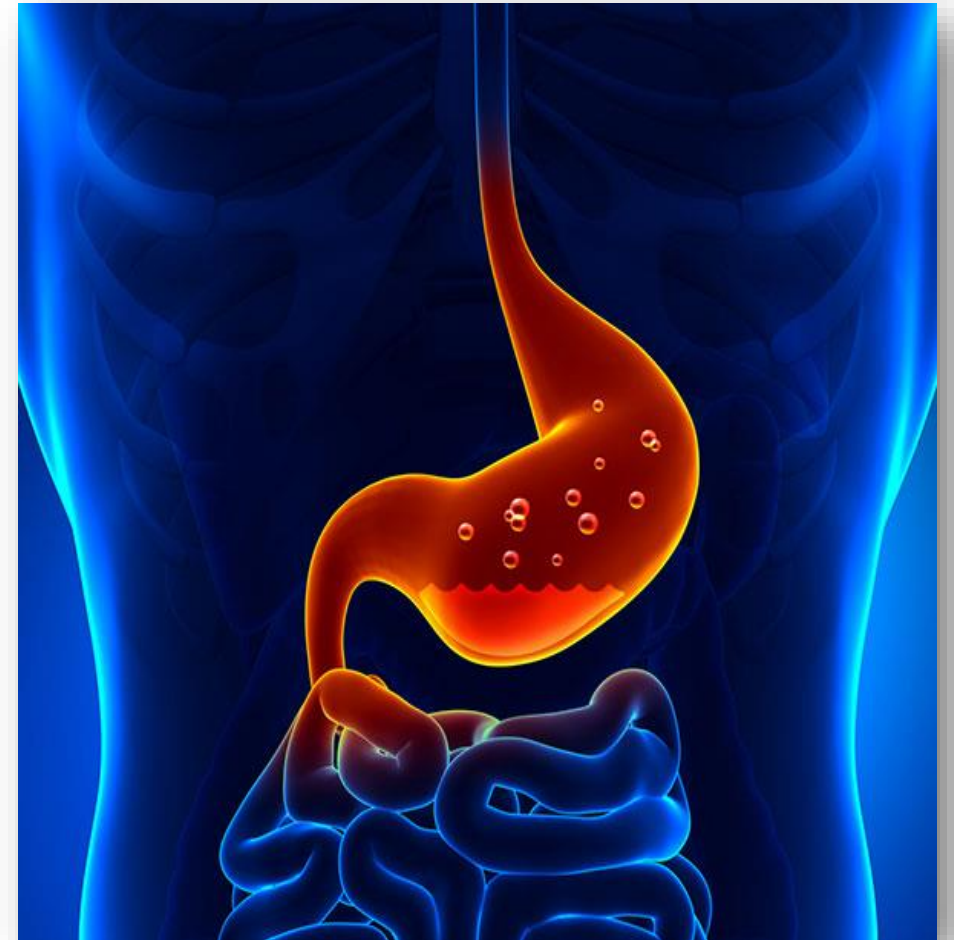
I have no potential conflict of interest to report

Case mix

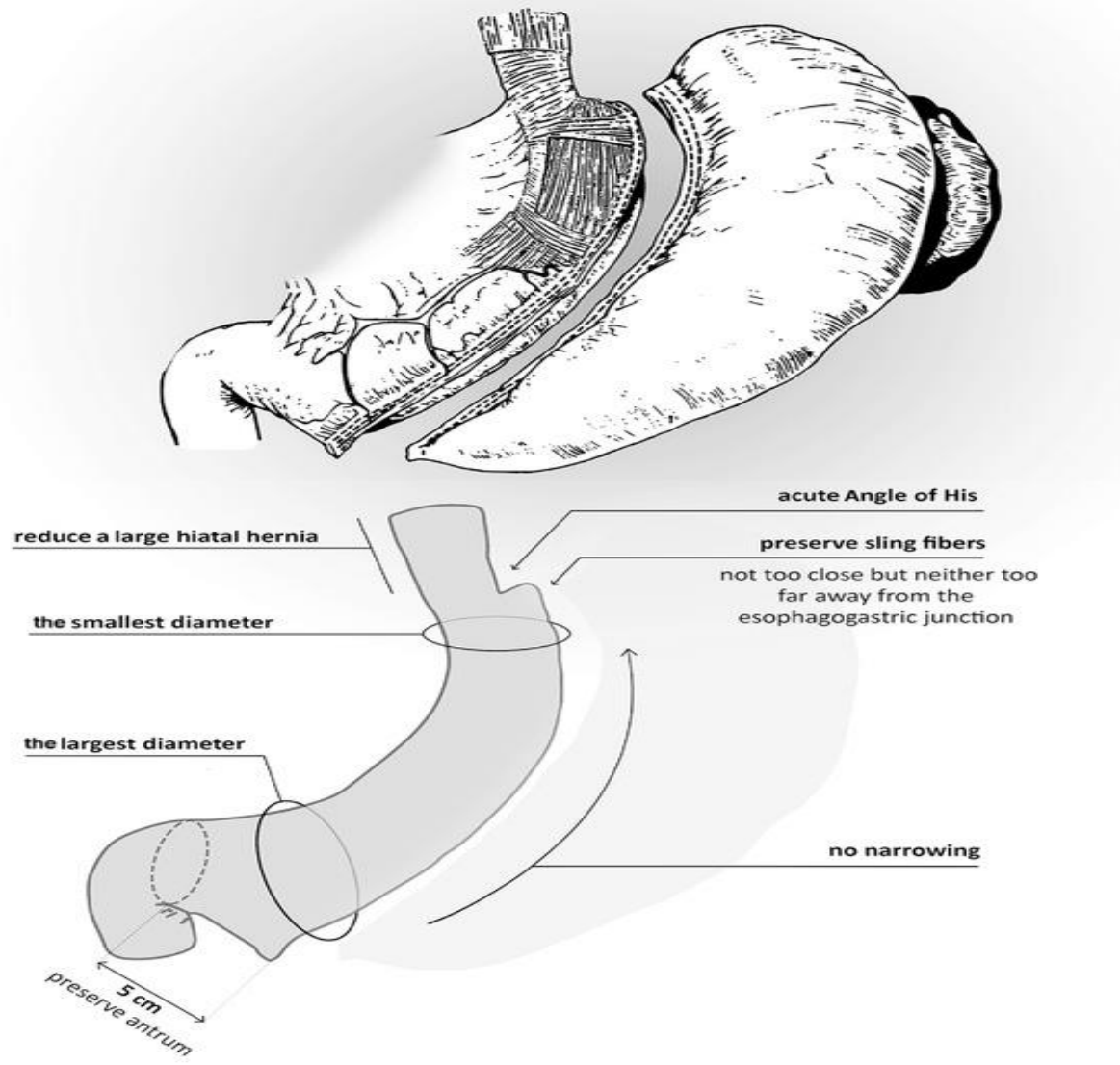


Obesity and GERD

- There is a strong association between obesity and GERD
- Three fold increased risk of GERD in men with obesity
- Six fold increased risk of GERD in women with Obesity
- Obesity increase the severity of GERD

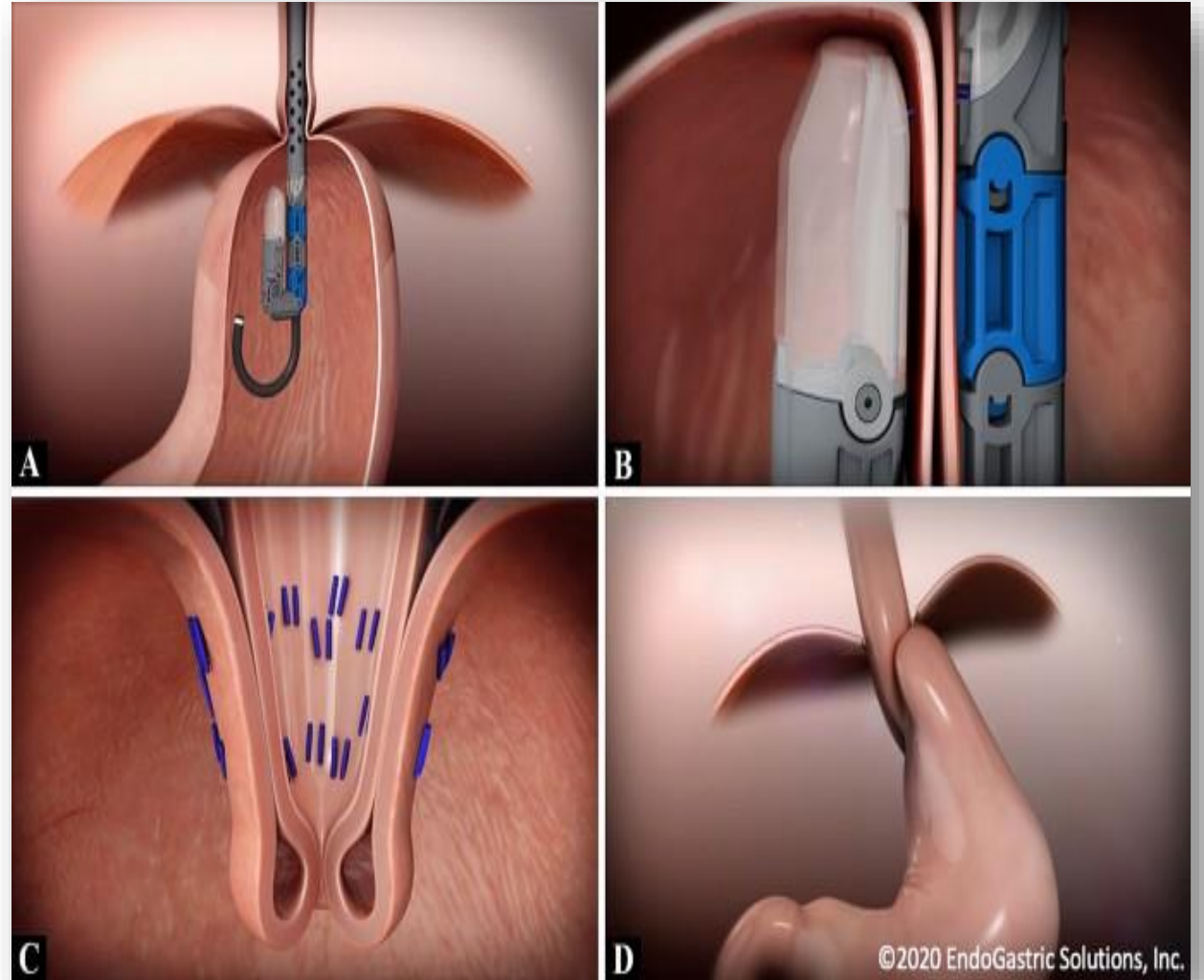


Laparoscopic Sleeve Gastrectomy and GERD



Transoral Incisionless Fundoplication (TIF)

- FDA approved 2007
- TIF 2.0, which is currently in use, was first introduced in 2009
- The EsophyX[®] device
- A full-thickness tissue fold at the gastroesophageal junction is retracted, wrapped, and anchored using SeorsaFuse implantable fasteners - equivalent to 3.0 sutures (12 – 20 fasteners)



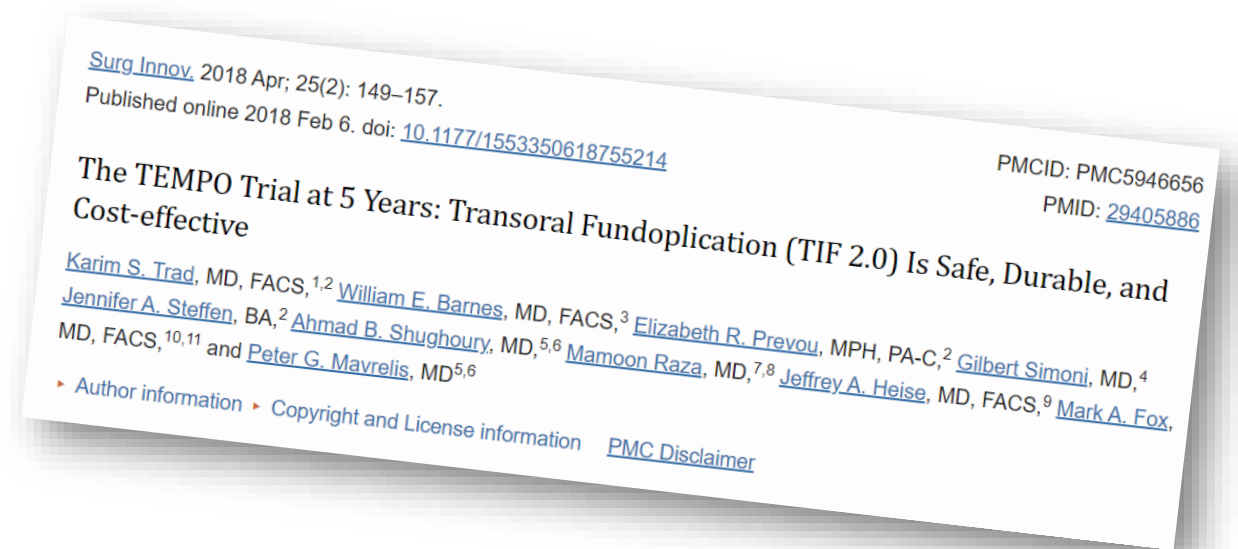
TIF: Efficacy

- 40 TIF : 23 High dose PPI
- Improvement of regurgitation and atypical symptoms
- 75% Oesophagitis healing
- EAE decreased from 52% to 33%
- In the original TF group, 12-month post TF, 77% of patients achieved complete symptom control, 82% ceased PPI therapy, 100% healed esophagitis and 45% normalized EAE



Transoral Incisionless Fundoplication (TIF)

- 63 patients (44 finished 5 years)
- Inclusion criteria: Daily PPI use, no/less than 2cm hiatus hernia, Abnormal pH studies
- Resolution of symptoms at 5 years was 80%
- No serious adverse events
- At 5 years 34% were on daily PPI



TIF: Efficacy

- A total of 18 studies (963 patients)
- Five RCTs and 13 prospective observational

Conclusions: TIF is an alternative intervention in controlling GERD-related symptoms with comparable short-term patient satisfaction. Long-term results showed decreased efficacy with time. Patients often resume PPIs at reduced doses in the near future.

The total number of refluxes was reduced after TIF compared with the PPIs/sham group

- The incidence of SAE was 2.4%

Review > Surg Endosc. 2017 Mar;31(3):1032-1044. doi: 10.1007/s00464-016-5000-0. Epub 2016 Aug 5.

Yong Zhao⁶, Xiaoqing Zeng⁷, Jingjing Lian^{1,2},


TIF: Efficacy

- A total of 7 studies
- Patients who underwent TIF had the highest proportion of esophagitis, compared to the LNF and PPI Group

CONCLUSIONS: In a systematic review and network meta-analysis of trials of patients with GERD, we found LNF to have the greatest ability to improve physiologic parameters of GERD, including increased LES pressure and decreased percent time pH <4. Although TIF produced the largest increase in health-related quality of life, this could be due to the shorter follow-up time of patients treated with TIF vs LNF or PPIs. TIF is a minimally invasive endoscopic procedure, yet **based on evaluation of benefits vs risks, we do not recommend it as a long-term alternative to PPI or LNF treatment of GERD.**



TIF vs Laparoscopic Nissen Fundoplication


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Multicenter Single-Blind RCT of CTIF Versus LNF For Treatment of GERD in Patients Requiring Hiatal Hernia Repair (CTIF)

 The safety and scientific validity of this study is the responsibility of the study sponsor and investigators. Listing a study does not mean it has been evaluated by the U.S. Federal Government. [Know the risks and potential benefits](#) of clinical studies and talk to your health care provider before participating. Read our [disclaimer](#) for details.

ClinicalTrials.gov Identifier: NCT04795934

[Recruitment Status](#) ⓘ : Recruiting

[First Posted](#) ⓘ : March 12, 2021

[Last Update Posted](#) ⓘ : February 2, 2023

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LSG and TIF





International Journal of Surgery Case Reports

Volume 105, April 2023, 108059

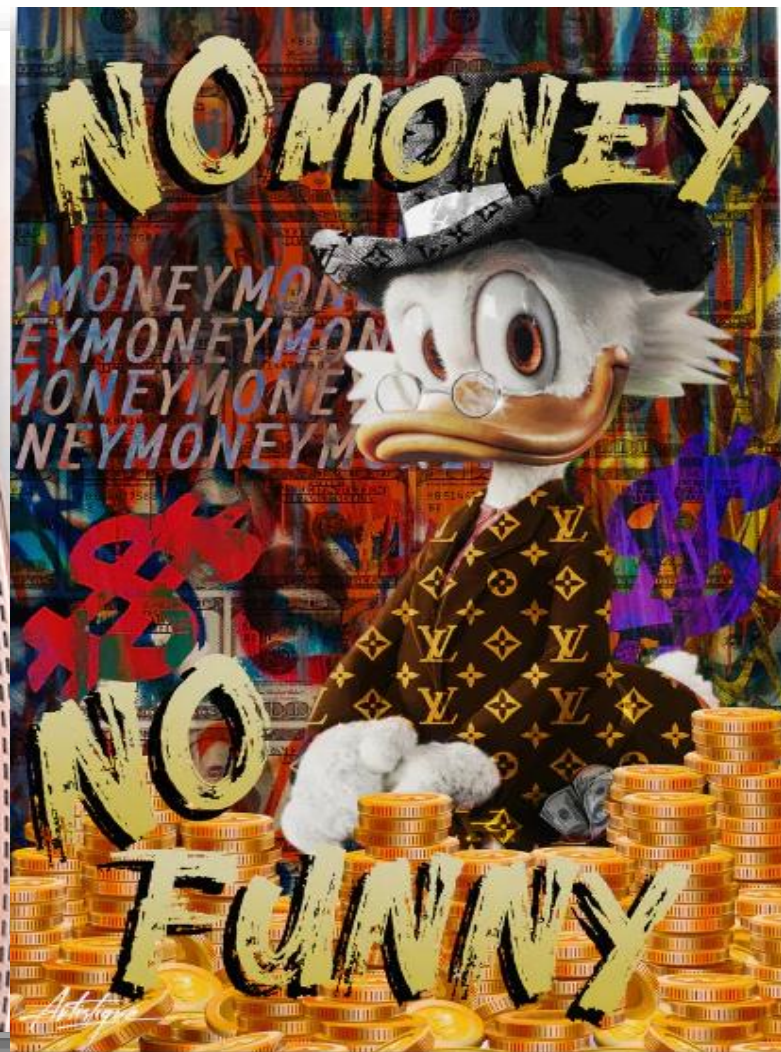
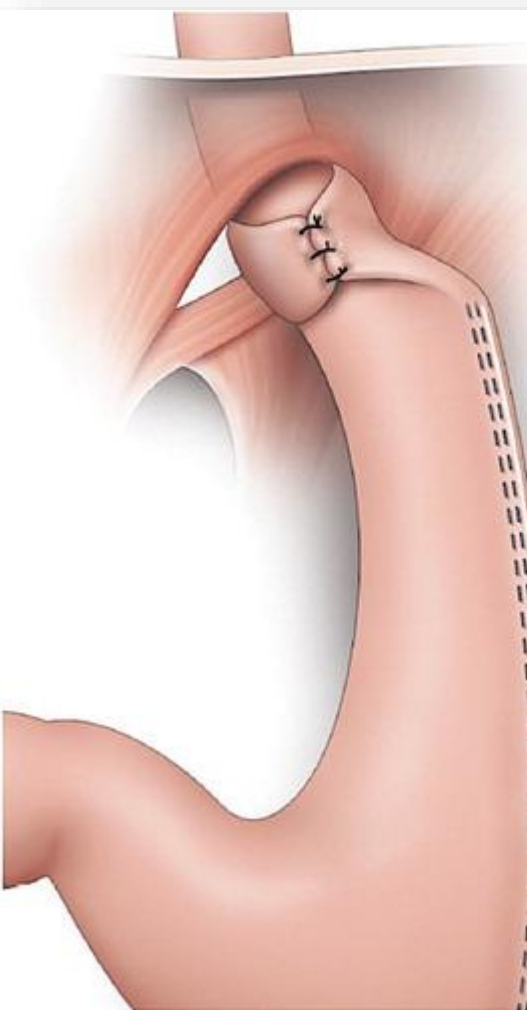
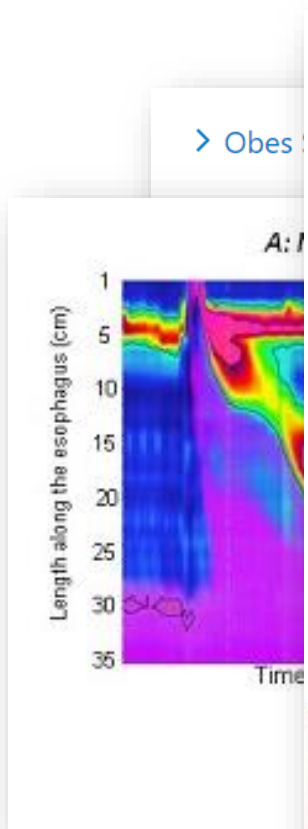


Case report

Single-stage transoral incisionless fundoplication and laparoscopic sleeve gastrectomy for the management of GERD and obesity

[Hussam Al Trabulsi](#)^a, [Tala Muassess](#)^b, [Salman Yousuf Guraya](#)^c  

TIF: concerns



Is it a Myth?!

Thank You!