

Risk of recurrence of reflux after antireflux surgery is low among young and healthy men

Symptomatic reflux of stomach contents into the oesophagus affects approximately 10-20% of the adult population in the western world and the most common symptoms are heartburn or regurgitation. There are two main treatment options, medication (proton pump inhibitors or histamine 2 receptor antagonists) and antireflux surgery. The use of antireflux surgery has declined during the last decades, mainly due to effective medical treatment and a fear of recurrence of reflux symptoms following antireflux surgery. However, previous studies assessing the risk of recurrence following surgery have mainly been small or based on a trial design, which not necessarily reflects clinical practice.

This cohort study from Karolinska Institutet was conducted to better determine the risk of recurrence of reflux following antireflux surgery in a population-based setting. All adults in Sweden with a diagnosis of reflux who underwent antireflux surgery were identified in the Swedish Patient Registry and additional data were collected from the Swedish Prescribed Drug Registry and the Swedish Causes of Death Registry. Reflux recurrence was defined as either prescribed reflux medication for more than six months or reoperation.

The study included 2655 patients who underwent antireflux surgery between 2005 and 2014, and these were followed for a median of 5.6 years. Among these, 470 patients (17.7%) had recurrence of reflux, and a majority of these (83.6%) were treated with medications. Risk factors for recurrence of reflux were male sex, older age and other comorbidities.

This population-based study found a lower risk of recurrence than previous studies, and the risk of recurrence was especially low among young men without comorbidities. Based on these results, antireflux surgery might be an underused treatment option among young and healthy individuals.

Publication

Association Between Laparoscopic Antireflux Surgery and Recurrence of Gastroesophageal Reflux.

John Maret-Ouda, Karl Wahlin, Hashem B El-Serag, Jesper Lagergren. JAMA. 2017;318(10):939-946. doi:10.1001/jama.2017.10981.

<http://jamanetwork.com/journals/jama/article-abstract/2653734>

For further information, please contact:

Professor Jesper Lagergren, MD, PhD

Department of Molecular Medicine and Surgery, Karolinska Institutet

Tel: +46(0)8 517 760 12

Email: jesper.lagergren@ki.se

The research was funded by the Swedish Research Council.