



Surgery more effective than medical management for gastro-oesophageal reflux disease (GORD)

Clinical question

How effective is medical management compared with surgery (laparoscopic fundoplication) for adults with gastro-oesophageal reflux disease (GORD)?

Bottom line

There were statistically significant improvements in health-related quality of life (QOL) at three months and one year after surgery, compared with medical therapy. The size of the change reported, about 5 points on the SF36 scale, can be interpreted as “minimal detectable change”.¹ There were also significant improvements in GORD-specific QOL after surgery compared with medical therapy. There was evidence to suggest symptoms of heartburn, reflux and bloating were improved after surgery compared with medical therapy, but a small proportion of participants had persistent postoperative dysphagia.

Caveat

Overall rates of postoperative complications were low, but surgery was not without risk, and postoperative adverse events occurred, although they were uncommon. The costs of surgery are considerably higher (between 3 and 6 times) than the cost of medical management, although data were based on the first year of treatment; therefore, the cost and side effects associated with long-term treatment of chronic GORD need to be considered.

Context

GORD is a common condition, with up to 20% of patients from westernised countries experiencing heartburn, reflux, or both intermittently.

Cochrane Systematic Review

Wileman SM et al. Medical versus surgical management for gastro-oesophageal reflux disease (GORD) in adults. Cochrane Reviews 2010, Issue 3. Article No. CD003243. DOI: 10.1002/14651858.CD003243.pub2.
This review contains 4 studies involving 1232 participants.

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Further references

1. Wyrwich, KW et al. *Health Serv Res* 2005;40:577–91.

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