

No-scar surgery fixes misery of severe acid reflux

September 8 2009, By Jan Jarvis

John Spivey has no scar -- not even a tiny one -- to show that he had recent surgery to treat chronic acid reflux.

But the proof is in his pocket.

He no longer keeps antacids handy to relieve the heartburn that has dogged him for as long as he can remember.

"I had Roloids in my pockets, by the bed, in the glove box, my boat, my fishing tackle box and my golf bag," said Spivey, 74. "I guess I was a Roloids junkie."

The habit ended abruptly when the North Richland Hills, Texas, man underwent an incisionless surgery to treat [gastroesophageal reflux disease](#).

The procedure, called a transoral incisionless fundoplication, is performed through the patient's mouth. There's no cutting of the abdomen or laparoscopic punctures, as with more conventional methods.

Instead Dr. Robert Sewell, a Southlake laparoscopic surgeon, inserted an FDA-approved tubular device down the esophagus and into the stomach. From there, he reconstructed the valve that prevents [stomach acid](#) from backing up into the esophagus.

While the incisionless approach is new, the surgery mimics one that has

been around for 50 years, Sewell said.

Patients who have the incisionless surgery experience little pain, recover quickly and see almost immediate results.

Spivey said the pain was no worse than a hangnail. He had only a slight sore throat and followed a liquid diet for several days before moving on to soft foods.

"By the fourth night, it was like it never happened," he said.

Karen Courtney of Colleyville, who was Sewell's first patient to undergo the surgery, said the quick recovery made it appealing after years of coping with a raspy voice and indigestion. Five days after surgery, she was back at work as a fitness instructor.

"I don't think I would have done it laparoscopically because I would have lost more time at work," she said. "I would have just sucked it up and kept living with this."

That's what many of the 19 million people in the United States who have reflux disease end up doing. They rely on medicine to relieve the burning, indigestion, regurgitation and choking that often keeps them awake at night.

For many people, that works. But others get tired of taking daily medications, which can lose their effectiveness over time, Sewell said.

The drugs are really just a Band-Aid, he said. While they stop acid from being produced in the stomach, they don't address the underlying problem.

"The problem with reflux isn't having too much acid," Sewell said. "The

problem is acid is in the wrong place."

Spivey said that for years he assumed he would just have to live with the burning pain that kept him awake at night.

"It got to where I couldn't even eat breakfast without reacting to the sausage and eggs," he said. "Whenever we went out, I had to make sure I had a stash of Roloids."

Concerned that the chronic acid reflux would lead to more serious health problems such as esophageal cancer, he decided to have surgery.

But surgery is not for everyone; those with significant hiatal hernias are often not good candidates.

While some insurance companies pay for the procedure, it's still viewed as experimental and coverage is limited. In Courtney's case, the surgery was not covered, but the overnight hospitalization and other costs were.

Natural orifice surgery -- procedures performed through the mouth and other openings -- is so new that it has raised concerns about effectiveness and safety.

But the American Society of General Surgeons has endorsed the procedure for reflux disease, saying the results from clinical trials are comparable to results from more traditional procedures.

"It's on the early edge of the curve," said Sewell, a previous president of the surgeons group. "But in a few years I think we'll see more and more surgeries being done without the need for any incision."

In tests worldwide, the surgery has been shown to be safe, with 80 percent of patients reporting an improvement in their quality of life.

Next on the medical horizon: bariatric surgery done through the mouth. Other natural orifice surgeries are also being explored, including gallbladder and appendix removal.

Spivey said that if he had known how easy it was to fix his heartburn, he would have had the [surgery](#) a lot sooner.

"It's like a new life," he said. "Everything is back to like it should be."

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