

South Central Priorities Committees (Berkshire PCTs)

Policy Statement 161: Laparoscopic fundoplication for chronic reflux oesophagitis

Date of issue: October 2009

The South Central Priorities Committees have considered the evidence for laparoscopic fundoplication for chronic reflux oesophagitis. It is **recommended as a treatment option** in people who still experience unacceptable symptoms of reflux despite receiving at least one year of appropriate pharmacological treatment up to the maximum dose licensed for reflux oesophagitis.

Gastro-oesophageal reflux is the passage of gastric contents into the oesophagus, which is the tube by which food reaches the stomach. Reflux can cause chronic oesophagitis, with inflammation, pain, scarring and rarely metaplastic change, which is a potentially pre-malignant event.

Chronic oesophagitis is common and is usually treated with lifestyle advice and drugs. However, laparoscopic gastric fundoplication offers a surgical alternative treatment which may be preferable. It involves wrapping part of the stomach round the lower oesophagus, making reflux less likely.

Randomised controlled trials report that fundoplication produces better symptom control and quality of life than continued medical treatment.

The procedure carries a low risk of complications. Economic evaluations indicate that it is more cost-effective than continuing medical treatment of chronic oesophagitis.

NOTES:

1. *Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.*
2. *This policy will be reviewed in the light of new evidence or guidance from NICE.*
Berkshire Priorities Committee policy statements and minutes can be viewed at www.berkshire.nhs.uk/priorities