

Thames Valley Priorities Committees (Berkshire PCTs)

Policy Statement 93: **The use of laparoscopic gastro-oesophageal reflux surgery (LGORS) for patients with chronic gastro-oesophageal reflux disease.**
Ref TV57

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The Thames Valley Priorities Committees recommend that Laparoscopic Gastro-Oesophageal Reflux Surgery (LGORS) is a LOW PRIORITY except in patients who meet all of the indications below and where the known predictors of good outcomes can be adequately met. Long term proton pump inhibitor treatment is recommended for all other patients.

LGORS is indicated for a minority of carefully-selected patients. It should be seen as complementary to long-term treatment with PPIs for patients with continuing symptoms due to gastro-oesophageal reflux. For patients who could secure a net benefit from either therapy the use of LGORS does not seem to be as cost effective as LTPPI.

The indications for LGORS are

1. Failure of medical treatment
2. Side effects of medical therapy
3. Volume regurgitation
4. Patient preference

provided that there is a very low operative risk and good quality of surgery available and the patient understands the risks and benefits of alternative treatments.

Predictors of good outcomes after LGORS are

Typical symptoms
Abnormal PH study
Experienced surgeon
Male gender
Higher socioeconomic status

The cost of LGORS in the NHS is at least £3005. The cost of the cheapest LTPPI with non-proprietary omeprazole 20 mg once daily as maintenance therapy is about £165.75 yearly.

This statement will be reviewed in light of new evidence or further guidance from NICE.