

South Central Priorities Committees (Hampshire and Isle of Wight)

Policy Statement: Laparoscopic fundoplication for chronic reflux oesophagitis

Date of issue: November 2009

The South Central Priorities Committees have considered the evidence for laparoscopic fundoplication for chronic reflux oesophagitis. The procedure is recommended as a treatment option in adults who have at least one of the following characteristics:

- regular, significant symptoms of gastro-oesophageal reflux despite receiving at least one year of continuous pharmacological treatment up to the maximum dose licensed for reflux oesophagitis
- significant volume reflux placing them at risk of aspiration
- anaemia because of oesophagitis

Its use in other circumstances is LOW PRIORITY.

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

NOTES:

Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.

This policy will be reviewed in the light of new evidence or guidance from NICE.