

Quality of Life after Laparoscopic Fundoplication for Gastroesophageal Reflux Disease. Preliminary Study

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Abstract

Laparoscopic fundoplication (LF) is the treatment of choice for gastroesophageal reflux disease (GERD). Our paper evaluates post LF quality of life (QL). Patients treated between January 2008 and May 2011 by the same surgeon were asked to fill in the Velanovich questionnaires for Gastro - Oesophageal Reflux Disease - Health Related Quality of Life (GERD-HRQL). The 10 questions were designed to assess GERD specific symptoms prior to (part A) and after surgery (part B). The Velanovich score is 0 if the patient is asymptomatic and 50 if the symptoms are at maximum intensity. Only 32 out of the 54 patients operated during the study filled in the questionnaire: 28 patients (87.5%) had hiatus hernia (HH), 16 cases were associated with reflux erosive esophagitis (EE), 4 patients had non-erosive reflux disease (NERD) and one had Barrett's esophagus (BE). We used Toupet partial posterior fundoplication for 12 patients and Nissen total fundoplication for 20 patients. The short gastric vessels were divided in all patients. The female - male ratio was 21:11 with a mean age of 55.13 years and the mean follow up period for questionnaire B was of 25.2 months. The Velanovich A score was 29.9 ± 10.9 , and the follow up B score was 3.4 ± 2.4 (CI (95%) 22.9-39.9; $p < 0.05$). There were no B score statistical differences between sex ratio (3.9 vs 2.4) and type of fundoplication (Nissen 3.2 vs Toupet 4.1). 29 patients (90.62%) declared that their QL improved after surgery. The main indication for surgery present in almost every patient included in this study was the presence of the HH and RE. LF improved the quality of life of patients with GERD. There were no statistical differences of the Velanovich score according to GERD stage (EE, NERD with or without HH), sex ratio and type of LF, Toupet or Nissen.

Key words: laparoscopy, fundoplication, quality of life

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