A RETROSPECTIVE LOOK AT SYMPTOMS IN GASTROESOPHAGEAL REFLUX DISEASE (GERD) PATIENTS BEFORE AND AFTER NISSEN FUNDOPLEMENTATION.  D. Wiemers¹, M. Moncure², I. Sarosiek³, R. McCallum³. ¹School of Medicine, ²Dept. of Surgery, ³Div. Gastroenterology & Hepatology.  University of Kansas, Kansas City, Kansas.

Background: Nissen Fundoplication is a surgical procedure used to tighten the lower esophageal sphincter and thus prevent gastroesophageal reflux in GERD patients not responding to standard medical therapies. The aim of this study was to evaluate the surgery by comparing pre- and post-operative symptoms, and to gain insight into the role of gastric emptying times. Patients and Methods: 21 patients (M=6, F=16, average age 50.8 ± 24.5) were included in this study, all who have had Nissen Fundoplication at KUMC by a single surgeon (average time since operation 25.6 months ± 22.5). All patients had pre- and post-operative gastric emptying times and completed a survey which consisted of rating the severity of 13 symptoms: heartburn, regurgitation, dysphagia, nausea, abdominal bloating, epigastric pain, fullness, early satiety, weight loss, diarrhea, constipation, vocal cord pathology, atypical chest pain (No symptoms = 0, Mild= 1, Moderate= 2, Severe= 3). Results: The severity of all the symptoms decreased post-operatively except for early satiety, in which the severity increased in 16 patients, and weight loss, which was present in 12 patients. 9 patients lost the ability to vomit, and 13 patients continue to take PPI’s post-operatively. Pre-operative gastric emptying showed 9/21 (42.8%) were slow before surgery compared to 6/21 (28.6%) after. Mean retention of isotope at 4 hours was similar pre- and post-operatively, 12% and 16%, respectively. Conclusions: 1) Nissen fundoplication is effective for the treatment of GERD symptoms; 2) Post operative satiety is a common outcome; 3) Gastric emptying is delayed in a subset of GERD patients, both pre- and post-operatively; 4) Upper GI symptom assessments could not accurately predict the subset with delayed GET’s.