
Summary

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Despite the different regimens that had been used in the treatment of GERD, yet the surgical treatment gives the only chance for long-term treatment up till now.

The most incriminated factors in GERD is the ineffective lower esophageal Sphincter in addition to the inefficient esophageal clearance of refluxed gastric juice ; the Identification of adefective sphincter as a cause for GERD is important, as it is the surgically Correctable factor.

The Short- Term results of randomized studies reported laparoscopic Nissen Fundoplication to be at least as safe and effective as its open Counterpart, with reduced morbidity as early post-operative pain & Wound Infection and shortened post-operative hospital stay and sick leave.

At long- term results with follow up ranging from five years to eleven years ; the most important long- term quality measurement is in fact the patients subjective symptomatic outcome due to GERD the open and laparoscopic approaches for Nissen Fundoplication have similar long-term subjective symptomatic outcomes; Despite the significantly higher incidence of Incisional hernias and defective Fundic wraps (fundoplication) at open Fundoplication; objective endoscopic findings of

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defective plication rates of 40% after on open approach and 13,1% after a laparoscopic approach.

The durability of the procedure at long- tem follow up, which is also some what challenged by:

1-the number of patients restarting antisecretory medications post –operatively ; this suggest that patients considering antireflux surgery should not be guaranteed permanent releif of reflux symptoms or post- operative life without the need for antisecretory medications.

2-Pre-operative information and appropriate patient Selection in Securing good out comes and long-term patient Satisfaction.

The recurrence rate after laparoscopic repair of paraesophagcal hernia is reported to be high. Mesh rcirforcemeent has been proposed with the objective of solving this proplem ; the recurrence rate for paraesophageal hernia wifhout mesh reinforcenent was 19%, No recurrence was observed in patient with mesh reinforcement.

In conclusion; we found that laparoscopic Nissen fundoplicatio (in the will trained hands) is superior to open Nissen fundoplication as regard to short- term and long- term results.

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On the short- term results laparoscopic Nissen Fundoplication; as a minimally invasive technique produces Faster recovery ; Shorter hospital stay and has a lower morbidity rate of post-operative Complications as pain and wound Infection with early resumption of oral Intake and medications.

On the long- term results laparoscopic Nissen Fundoplication is associated with significantly fewer defective plications and Incisional hernias and had proved to be a very effective form of therapy with long-term results as post- operative full clinical evaluation and investigations for GERD symptoms.

And thus laparoscopic Nissen fundoplication Should thus be Considered the procedure of choice in surgical management of GERD and hiatal hernia.