SUMMARY

Gastro-esophageal reflux disease GERD is a common disease that account for approximately 75% of esophageal pathology.

The common clinical presentation is heart burn, the important complication are stricture, shortening of the esophagus, which lead to motor disturbance and vicious circle will be encountered.

The history and 24 hours pH monometry provide a sufficient diagnostic information in most cases. Other studies including endoscopy with biopsy and esophageal manometry are also very important in diagnosis.

Deficient lower esophageal sphincter pressure is the most common abnormality described, but when abnormal manometric values are combined with abnormal results of 24-hours esophageal pH monitoring, one can be reasonably certain that the pathologic reflux is a result of a mechanically defective sphincter.

Thus, the lower esophageal sphincter pressure measurement has many values, as evaluation the efficiency of fundoplication since successful surgical procedures result in considerable elevation of pressure.

Gastro-esophageal reflux disease is often a chronic problem. Many patient can be treated symptomatically by a combination of life-style modification and use of antacid. Patient who respond adequately to these simple measures or who have documented erosive esophagitis usually ,a require further drug therapy.

Patient with such findings are usually not respond to medical treatment. Definitive surgical management of these patient may reduce the risk of serious complications as esophageal stricture or ulceration.

Antireflux surgery remains the most reliable means of treating patients with a mechanically defective lower esophageal sphincter who are experiencing pathological gastro-esophageal reflux. Identification of these patients, who are known to have a poor response to medical therapy, permits control of the reflux process before serious complications develop. Well planned and precisely performed antireflux surgery by an experienced medical team will enhance reflux control and reduce postoperative complication.

Success in antireflux surgery requires careful patient selection, careful pre-operative evaluation.

Total fundoplication procedures are most popular and are highly effective in reflux control. However,

they frequently result in a supracompetent antireflux mechanisms with impaired relaxation, which is responsible for the complications of gasbloat dysphagia and inability to belch or vomit.

Partial fundoplication procedures which enhance the valvoplasty effect are equally effective as total fundoplication in reflux control but have a lower incidence of mechanical complications by avoiding supracompetence.

The laparoscopic fundoplication has become common and has replaced traditional open Nissen fundoplication.

The primary advantage of the laparoscopic approach is the potential for reduced operative morbidity resulting in an earlier hospital recovery and return to normal activities.

Several studies have shown a higher rate of mechanical complications of open. Fundoplication than laparoscopic procedure.