

Introduction

Gastro-oesophageal reflux disease (GERD) is the medical term for chronic heartburn. Many people have heartburn at times it's caused by irritation from stomach acid that backs up into the oesophagus. The oesophagus is the tube that carries food from your mouth to your stomach sometimes stomach acid backs all the way up to the throat or into the mouth. This acid has a sour taste (*Fennerty, 2000*).

The simplest approach is to define the disease by its symptoms. However, symptoms thought to be indicative of GERD, such as heart burn, acid regurgitation, are very common in general population and many individuals consider them to be normal and do not seek medical advice (*Kahrijas, 2001*).

GERD can usually be diagnosed based on the clinical presentation alone. In some patients, however, the diagnosis may require endoscopy and, ambulatory pH monitoring. Management includes lifestyle modifications and pharmacologic therapy, refractory disease requires surgery the therapeutic goals are to control symptoms, heal esophagitis and maintain remission so that morbidity is decreased and quality of life is improved (*Velanbvich, 2001*).

Patients who did not respond well to lifestyle changes and drug therapy, especially those with grade three and four oesophagitis, and the young age group, should be treated surgically. Reduction of the hiatus hernia if present, repair of the oesophageal hiatus and fundoplication is a surgical procedure that has stood the test of time. However, the traditional open procedure requires a large incision and along, painful recovery (*Spechler, 2001*).

Laparoscopy has dramatically changed operations for gastroesophageal reflux disease (GERD), making them increasingly common in the last decade. As experience with laparoscopic antireflux procedures has increased, operating times, conversion rates, postoperative complications, and hospital length of stay have all decreased. Through long term outcomes data are not yet available, it is clear that the laparoscopic approach to this procedure is equally effective compared with the open approach. In addition, the benefit to the patient in terms of postoperative recovery is indisputable (*Flipi and Lehman, 2001*).