

Competing interests None declared.

REFERENCES

1. Alberti KGMM, et al. *Diabetic Medicine* 2006;**23**:469–80.
2. Waterhouse DF, et al. *Ir J Med Sci* 2009;**178**:161–6.

PTU-195

SIX YEARS OF LAPAROSCOPIC NISSEN'S FUNDOPPLICATION, WAS IT WORTH IT? AN AUDIT OF 100 PATIENTS

doi:10.1136/gutjnl-2012-302514c.195

L Martin,* M Stavrou, F El Madani, S Gupta. *General Surgery, Lister Hospital, Stevenage, UK*

Introduction Nissen's fundoplication for gastro-oesophageal reflux disease provides good long term control of acid reflux but is often not without unwanted side-effects. We investigated long term outcome of Nissen's fundoplication at our centre.

Methods Study group included 100 patients who underwent Nissen's fundoplication from 2005 to 2011 at our unit. Pre-operative demographics, symptom profile, investigations and operative data were reviewed. Symptoms after surgery (heartburn, dysphagia, bloating and excessive flatus), antacid usage and patient satisfaction were assessed using a follow-up questionnaire.

Results Average patient age was 47.5 years (19–79 years) with male to female ratio of 57:43. Majority of patients were obese or overweight (79%). Average follow-up was 39 months (3–80 months). Main symptoms included acid reflux (99%), volume reflux (56%) and nocturnal and postural reflux (45%). Gastroscopy revealed hiatus hernia 92%, reflux oesophagitis 71% and Barrett's oesophagus 11%. pH studies and manometry were undertaken in 90% and 93% of patients respectively. Mean acid exposure time was 16.2% (median 13%, range 1.4%–86%), mean symptom index was 79.25% (median 91%, range 1–100%) and mean Demeester score was 50.51 (median 30, range 4.7–291). Lower oesophageal sphincter pressure was normal in 54%, low in 37% and high in 9% of patients with complete relaxation in 91%. No patient had significant oesophageal dysmotility. No routine follow-up pH studies were undertaken. A primary crural repair with 360° short and floppy fundal wrap was constructed on all the patients. Hiatus was prosthetically reinforced on 17 patients (collagen patch 12, mesh 5). Conversion to open surgery was 2% (splenic bleed, difficult anatomy). Four patients required further surgery during follow-up period (severe dysphagia 2, excessive flatus 1, herniation through the wrap 1). Questionnaire responses from 96/100 patients were analysed (postal 56, telephonic 22, clinic review 18). Most patients (81%) were happy to have undergone surgery and would recommend this procedure to a friend (79%). A total of 58 patients (60%) were not on any anti-acid drugs, however 17 patients (18%) were on regular PPIs. Frequencies of post-operative symptoms are detailed below. Overall outcome was described by patients as excellent 43%, good 38%, fair 11% and poor 8%.

Conclusion Majority of patients undergoing Laparoscopic Nissen's fundoplication had good long term control of acid reflux and were happy with their decision to undergo surgery. Wind related side

Abstract PTU-195 Table 1

Symptom/ frequency	Never	Once per month	Once per week	Once per day	Several per day
Heartburn	64	12	4	4	12
Dysphagia	63	8	7	11	7
Flatus	28	0	9	16	43
Gas bloat	42	8	11	20	15

effects are a significant cause for dissatisfaction and must be emphasised during decision making for surgery.

Competing interests None declared.

PTU-196

LONG-TERM RESULTS OF LAPAROSCOPIC HELLER'S CARDIOMYOTOMY FOR ACHALASIA CARDIA

doi:10.1136/gutjnl-2012-302514c.196

M Stavrou,* L Martin, F El-Madani, S Gupta. *General Surgery, East and North Hertfordshire NHS Trust, Lister Hospital, London, UK*

Introduction To review the long-term efficacy of Laparoscopic Heller's Cardiomyotomy in patients with Achalasia Cardia at a large UK District General Hospital.

Methods A structured postal survey was undertaken on 40 consecutive patients with clinical, radiologic, endoscopic and manometric diagnosis of Achalasia Cardia who underwent Laparoscopic Cardiomyotomy by a single surgeon at our unit between 1996 and 2011. The procedure was supplemented by Anterior Fundoplication on all the patients.

Results The average age of the 40 patients in the study group was 49 years (range 18–80 years) with an equal sex distribution. Mean follow-up since surgery was 34 months (3–88 months). Dysphagia scores improved in all the patients (100%). Thirteen patients (33%) had complete remission from dysphagia whereas 24 (60%) experienced occasional dysphagia only. Despite the improvement in dysphagia, three patients (7%) continued to have regular dysphagic symptoms. Although only seven patients (17%) had regular reflux symptoms, fifteen patients (37%) were on regular acid-suppressing drugs. Results were further stratified into excellent (38%), good (37%), fair (25%) and poor (0%), based on a previously described classification.¹ All patients (100%) reported overall improvement in their health-related quality of life as evaluated by relief of gastro-intestinal symptoms (dysphagia and reflux) and patient satisfaction. Patient satisfaction was considerably high largely due to the absence of dysphagia and undeterred by the presence of reflux symptoms.

Conclusion Laparoscopic Cardiomyotomy with Anterior Fundoplication achieves excellent long-term relief from dysphagia for most of the patients with Achalasia. Despite the fundoplication, acid reflux is a frequent post-operative complication. However anti-acid medications minimise its clinical significance.

Competing interests None declared.

REFERENCE

1. Vantrappen G, Hellmans J. Treatment of achalasia and related motor disorders. *Gastroenterology* 1980;**79**:144–5.

PTU-197

DIAGNOSIS OF GASTRO-ESOPHAGEAL REFLUX DISEASE (GERD) AND PREDICTION OF TREATMENT RESPONSE TO PROTON PUMP INHIBITORS (PPI) BY PROLONGED WIRELESS PH MONITORING: A PROSPECTIVE ASSESSMENT

doi:10.1136/gutjnl-2012-302514c.197

¹M Fox, *²R Sweis, ¹E Tucker, ³J Wright, ¹K Knowles, ²A Anggiansah, ²T Wong, ⁴D Menne. ¹NIHR Biomedical Research Unit, University of Nottingham, Nottingham, UK; ²Oesophageal Laboratory, Guys and St Thomas's NHS Foundation Trust, London, UK; ³Division of GI Surgery, University of Nottingham, Nottingham, UK; ⁴Biostatistics, Menne Biomed, Tuebingen, Germany

Introduction Increasing duration of pH studies improves consistency of GERD diagnosis but clinical utility of the method is not established. Aim: (1) to identify measurements from prolonged pH studies that discriminate healthy volunteers (HVs) and GERD patients (2) to compare prediction of PPI response from prolonged and standard measurement.