

**Competing interests** None declared.

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PTU-195

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

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**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

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**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.<sup>1</sup> 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

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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

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**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.