

## Antireflux Surgery

Surgery may be an appropriate option for some patients who are:

- Unable to achieve symptomatic relief with lifestyle changes and medical therapy
- Concerned about the long-term effects or costs associated with medical therapies
- Dissatisfied with lifestyle changes required to control their GERD

Surgery for GERD is called “fundoplication.” Fundoplication procedures have been performed for over 50 years and have proven very successful. During the procedure, the doctor wraps a portion of the stomach around the base of the esophagus. This reconstructs the one-way valve by reinforcing the junction between the esophagus and the stomach to prevent reflux. If a hiatal hernia is present, the surgeon may also do a hernia repair at the time of surgery.

Surgical options include:

### Incisionless Surgery

- Performed through the mouth with no abdominal incisions
- An option for patients who have small hiatal hernias
- Patients typically return to work in less than a week

### Laparoscopic Surgery

- Performed through 3-5 ports (small 5-12 mm incisions) in the abdomen
- Can be performed on patients with any size hiatal hernia
- Patients typically return to work in 1-2 weeks

Be sure to consult your physician to discuss which treatment option is right for you.

For more information about  
your treatment options, visit:

[www.GERDHelp.com](http://www.GERDHelp.com)



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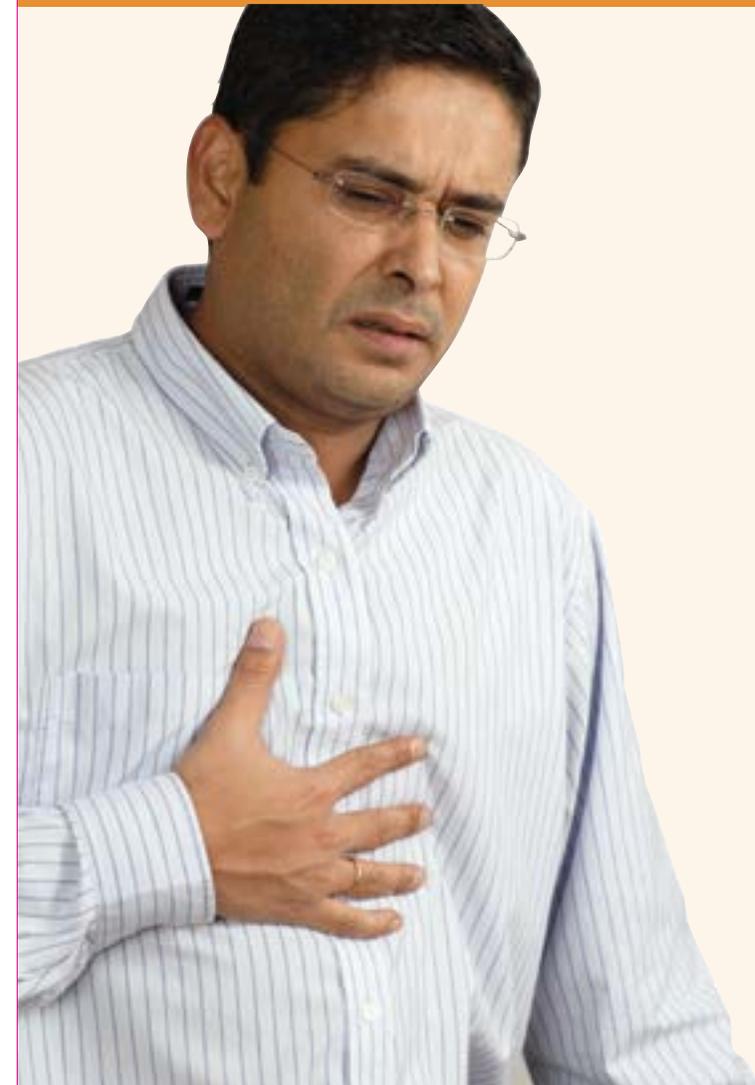
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## Gastroesophageal Reflux Disease (GERD)

Understanding Your Treatment Options



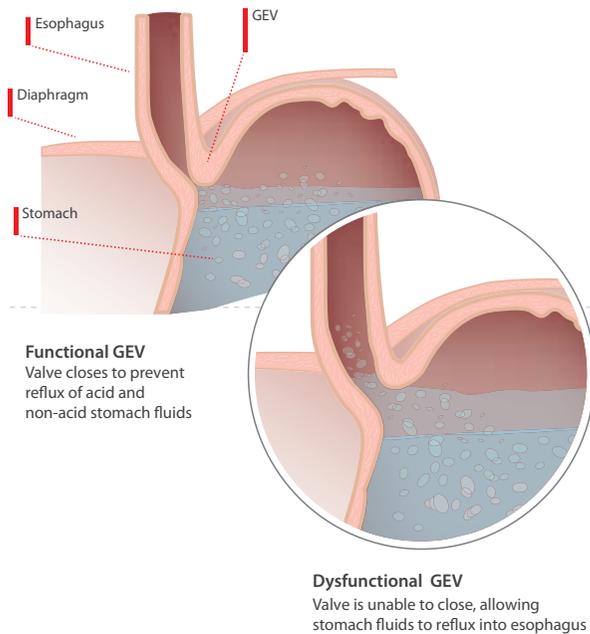
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Your acid reflux solutions resource

## Understanding GERD

GERD (Gastroesophageal Reflux Disease), also known as chronic acid reflux, is a common ailment affecting over 80 million people in the U.S.

When you eat, food travels from your mouth into your stomach through a muscular tube called the esophagus. At the entrance to the stomach, a one-way valve called the gastroesophageal valve (GEV) opens and closes to prevent the contents of the stomach from backwashing, or “refluxing,” up into the esophagus. Some reflux is normal, but if you suffer any symptoms more than twice a week, you may have GERD.



## Symptoms

The most common symptoms include heartburn, regurgitation, belching, difficulty sleeping, or pain in the chest or upper abdomen. Other less common symptoms include chronic cough, asthma, excessive swallowing or clearing of the throat, laryngitis and voice problems.

## Causes

GERD occurs when the GEV becomes dysfunctional (i.e., leaky), allowing stomach acid and other stomach fluids to travel back up into the esophagus, sometimes as far up as the vocal chords. These fluids can irritate the lining of the esophagus and cause a number of GERD symptoms.

GERD can be accompanied by a hiatal hernia, which occurs when part of the stomach has moved up from the abdomen into the chest. When a hiatal hernia is diagnosed along with GERD, it may affect your specific treatment options.

## Treatment Options

Your doctor can help you find a course of treatment to relieve your symptoms. Options may include:

- Lifestyle changes
- Medical therapy
- Antireflux surgery

## Lifestyle Changes

For some people, simple lifestyle changes can offer significant relief from GERD symptoms.

**Avoid foods that can trigger symptoms**, such as coffee, tea or carbonated beverages; fatty, fried or spicy foods; and citrus fruits, tomatoes, garlic, onions, peppermint or chocolate.

**Don't drink alcohol or smoke tobacco.**

**Raise the head of your bed.** When you lay flat, gravity is no longer pulling stomach contents down into your stomach, making it easier for stomach acid to flow up into your esophagus. Raising the head of the bed 6-8 inches can reduce nighttime reflux episodes.

**Reduce pressure on the stomach.** Too much pressure can squeeze the stomach and increase GERD symptoms. You can reduce pressure on the stomach by maintaining a healthy weight and avoiding tight belts and clothing.



## Medical Therapy

For many people, over-the-counter (OTC) medications that buffer or neutralize stomach acid are sufficient to provide temporary relief from intermittent GERD symptoms. The most common type of these medications, proton pump inhibitors (PPIs), can completely prevent the production of acid in your stomach. With little or no acid, many patients do not feel the symptomatic and uncomfortable burning sensation associated with their reflux.

PPIs are generally FDA-approved for 8 weeks use. While safe and effective for most patients, in 2010 the FDA released a warning about an increased risk of bone fractures of the wrist, spine and hips with long-term (greater than 1 year) use of PPIs. If you are concerned about the possible adverse effects of long-term PPI use, be sure to consult your physician.

