

### **Gastroesophagyan reflux disease**

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#### **Abstract**

GERD has long been recognized as a significant public health concern in USA generating along the time, many discussions between gastroenterologists and surgeons. Once antireflux barrier was identified, and mechanism of reflux established, GERD can be defined as the failure of the antireflux barrier {represented especially by the lower esophageal sphincter, by gastric empty disorders or failed esophageal peristalsis), allowing abnormal reflux of gastric contents into the esophagus. Positive diagnosis is setting by the presence of documented esophageal mucosal injury (esophagitis) or excessive reflux during 24 hours intra-esophageal pH monitoring. Medical treatment is efficient in acid suppression, but does not address the mechanical etiology, is too expensive and affect the quality of life of patients. Minimally invasive surgery was a boom in management of GERD, offering great satisfaction to patients, low costs and rapid social integration. We present in following pages the role of surgery in GERD, therapy GERD which occur 85-93% control of reflux symptomatology, providing data from the literature on the techniques used, their advantages and limitations.

**Key words:** GERD, LOS, fundoplication Nissen, Toupet, Dor

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