

Secrets for successful laparoscopic antireflux surgery

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Gastroesophageal reflux disease (GERD) is high prevalent in the modern World with over 240,000,000 individuals suffering from the disease (1). This leads to an estimated 7 million diagnoses of GERD per year in the US only (2), with over 6.2 million ambulatory visits (2) and direct cost exceeding 9 billion dollars (3). Despite this high prevalence with associated impressive cost and decreased quality of life (4) the discrepancy between the number of patients who experience suboptimal medical treatment and the number considered for antireflux surgery indicates a large therapeutic gap in the management of GERD (4). Antireflux surgery has been shown to provide cost-effective long-term good outcomes (5,6); however, the number of operations is decreasing yearly (7). This may be linked to unfounded concepts that misguide indication for surgery (1) but also to suboptimal results.

Experienced groups achieve good and excellent results in more than 90% of patients submitted to laparoscopic Nissen fundoplication (8-11). These figures are obtained due to a critical selection of patients—encompassing the certainty of the diagnoses of GERD, evaluation of esophageal status and exclusion of other diseases—and a proper surgical technique. This *Annals of Laparoscopic and Endoscopic Surgery (ALES)*-special issue on “Secrets for Successful Laparoscopic Antireflux Surgery” shows the tips and tricks of high experienced esophageal surgeons to achieve good and excellent results in patients with GERD, from the initial workup to the operation, including the demands of special groups of patients such as those with extra-esophageal symptoms, connective tissue diseases or GERD-related lung diseases; from the highest technology available with a robotic platform to a community hospital reality.



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