

# Endoluminal gastroplication for gastro-oesophageal reflux disease

Understanding NICE guidance –  
information for people considering the  
procedure, and for the public

February 2005



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## About this information

This information describes the guidance that the National Institute for Clinical Excellence (NICE) has issued to the NHS on a procedure called endoluminal gastroplication for gastro-oesophageal reflux disease (which is usually shortened to GORD). It is not a complete description of what is involved in the procedure – the patient’s healthcare team should describe it in detail.

NICE has looked at whether endoluminal gastroplication is safe enough and works well enough for it to be used routinely for the treatment of GORD.

To produce this guidance, NICE has:

- looked at the results of studies on the safety of endoluminal gastroplication and how well it works
- asked experts for their opinions
- asked the views of the organisations that speak for the healthcare professionals and the patients and carers who will be affected by this guidance.

This guidance is part of NICE’s work on ‘interventional procedures’ (see ‘Further information’ on page 10).

## About endoluminal gastroplication for GORD

With GORD or gastro-oesophageal reflux disease, the contents of the stomach go backwards towards or into the mouth again (this is called reflux). The person feels a burning pain (called heartburn) because the stomach contents are acidic. GORD happens because the ring of muscle that keeps the stomach contents down isn't working properly.

The standard treatments for mild GORD include making changes to the person's lifestyle and taking medicines. If these don't help and the symptoms are affecting the person's life, they may be offered a surgical procedure to try to help stop the reflux.

The procedure that NICE has looked at is called endoluminal gastroplication. A special viewing tube is gently put down into the person's oesophagus, which is the tube that runs from the mouth to the stomach. Working through this tube, the surgeon uses a piece of equipment to sew and create pleats in the sphincter at the lower end of the oesophagus. The aim is to make it harder for the stomach contents to re-enter the oesophagus so that there is less reflux.

## How well it works

### What the studies said

Some studies found that having an endoluminal gastroplication helped patients' symptoms in the short term. In one study, 6 months after having the procedure, patients had less heartburn and when they did have it, it was generally less severe. Whereas 39 out of 64 people (61%) were having moderate to severe reflux before they had the procedure, 6 months after the procedure this number had fallen to 4 out of 51 (8%) (the total number dropped from 64 to 51 patients either because some patients didn't have the procedure or it wasn't possible to check on their progress afterwards).

One way of seeing how well the procedure worked was to check on the acidity in the oesophagus over 24 hours (the oesophagus becomes more acidic when reflux happens, and if this happens repeatedly, changes can happen in the lining of the oesophagus). In one study, the acidity in the oesophagus was checked 3 and 6 months after the procedure. The results showed that patients were having reflux less often after they had the procedure. After 3 months, the oesophagus was still acidic for about the same amount of time as it was before the procedure was done. But in the patients who were checked again after 6 months, the oesophagus was acidic for less time.

In one study, patients' quality of life improved after having the procedure. But in another study in which some patients had the procedure while others had a mock operation, the results were generally the same regardless of whether the person had had the real operation or the mock one.

### **What the experts said**

The experts had concerns about how long the effects of endoluminal gastroplication would last.

### **Risks and possible problems**

#### **What the studies said**

After the procedure, some patients had abdominal or chest pain, sore throat or sickness (vomiting). These problems usually got better within a few days.

There were not many serious problems with the procedure in the studies. In one study that followed what happened in 64 patients, two patients had tears in the lining tissue and one person had damage to the oesophagus.

## What the experts said

The experts did not have any particular concerns about the safety of the procedure, though they said bleeding and damage to the oesophagus were possible.

## What has NICE decided?

NICE has decided that, if a doctor wants to carry out endoluminal gastroplication for GORD, he or she should make sure that the patient understands what is involved and that there are still uncertainties over how well the procedure works. There should be special arrangements in place so that the patient only agrees (consents) to the procedure after this discussion has taken place.

NICE may look at endoluminal gastroplication again if more information on how well it works becomes available.

## Other comments from NICE

The procedure has been used in a small number of children, and the early results look encouraging.

## What the decision means for you

Your doctor may have offered you endoluminal gastroplication for GORD. NICE has considered this procedure because it is relatively new. NICE has decided that there are uncertainties about the benefits of endoluminal gastroplication which you need to understand before you agree to it. Your doctor should discuss these with you. Some may be described above.

## Further information

You have the right to be fully informed and to share in decision-making about the treatment you receive. You may want to discuss this guidance with the doctors and nurses looking after you.

You can visit the NICE website ([www.nice.org.uk](http://www.nice.org.uk)) for further information about the National Institute for Clinical Excellence and the Interventional Procedures Programme. A copy of the full guidance on endoluminal gastroplication for gastro-oesophageal reflux disease is on the NICE website ([www.nice.org.uk/IPG115guidance](http://www.nice.org.uk/IPG115guidance)), or you can order a copy from the website or by telephoning the Department of Health Publications Order Line on 0870 1555 455 and quoting reference number N0822. The evidence that NICE considered in developing this guidance is also available from the NICE website.

If you want more information on GORD, a good starting point is NHS Direct (telephone 0845 4647) or NHS Direct Online ([www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)).

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