

# Laparoscopic insertion of an inactive implant for gastro-oesophageal reflux disease

Information for the public

Published: 3 June 2025

[www.nice.org.uk](http://www.nice.org.uk)

## For people without IOM

For gastro-oesophageal reflux disease (GORD) in people without ineffective oesophageal motility (IOM), this procedure can only be done as part of a research study. This is because there is not enough evidence to be sure how well it works in the long term.

Your healthcare professional should talk to you about the research.

## For people with IOM

Although there is limited long term evidence about how effective this procedure is, it can be used for GORD in people with IOM. This is because other treatment options are limited for these people. It can only be done while more evidence is generated to check if it is clinically effective. This means you will have regular appointments afterwards to check how well it is working or if it has caused problems.

## About this procedure

GORD is when stomach acid and other contents flow back (reflux) into the oesophagus (food pipe). It can happen when the lower oesophageal sphincter (the ring of muscle at the bottom of the oesophagus) does not work properly, or if the sphincter moves above the diaphragm into the chest. This procedure involves placing an implant on the outside of the upper part of the stomach wall. The procedure is done using keyhole (laparoscopic) surgery. The implant does not move or release any chemical or biological substances (inactive). The aim is to keep the sphincter in the right position, so that the stomach contents do not flow back into the oesophagus.

## Is this procedure right for me?

You should be included in [making decisions about your care](#).

Your healthcare professionals should explain the risks and benefits of this procedure and how it is done. They should discuss your options and listen carefully to your views and concerns. They should offer you more information about the procedure. Your family or carers can be involved if you want or need them to be.

You will be asked to decide whether you agree (consent) to have the procedure. Find out more about [giving consent to treatment on the NHS website](#).

## Some questions to think about

- How many appointments will I need?
- What are the possible benefits? How likely am I to get them?
- What are the risks or side effects? How likely are they?
- Will I have to stay in hospital?
- What happens if it does not work or something goes wrong?
- What happens if I do not want the procedure?
- Are other treatments available?

## Information and support

The [NHS webpage on heartburn and acid reflux](#) may be a good place to find out more.

- [NICE's information on HealthTech guidance](#) explains what HealthTech is and how we assess it.
- [NICE's information on HealthTech recommendations](#) explains the types of recommendation we make.

The [Oesophageal Patients Association](#) (0121 704 9860) can give you advice and support.

You can also get support from your local [Healthwatch](#).

ISBN: 978-1-4731-9020-7