

Transoral incisional fundoplication (TIF) – a non-surgical treatment option for

GORD

Gastro-oesophageal reflux disease (GORD) often causes troublesome symptoms including frequent heartburn and regurgitation and if left untreated, can lead to precancerous change in the oesophagus called Barrett's Oesophagus. It is therefore not surprising that GORD has a significant negative adverse effect on an increasing number of patients quality of life with latest figures suggesting that almost 1 in 6 people suffer with GORD.

The mainstay of treatment for GORD are proton pump inhibitors (PPI's), which although usually effective, fail to tackle the underlying cause of reflux and are subject to increasing concerns regarding potential side-effects of their long-term use. Although GORD can be treated by anti-reflux surgery, this approach is associated with a not insignificant rate of complications including dysphagia, 'gas bloat' and even recurrence of GORD.



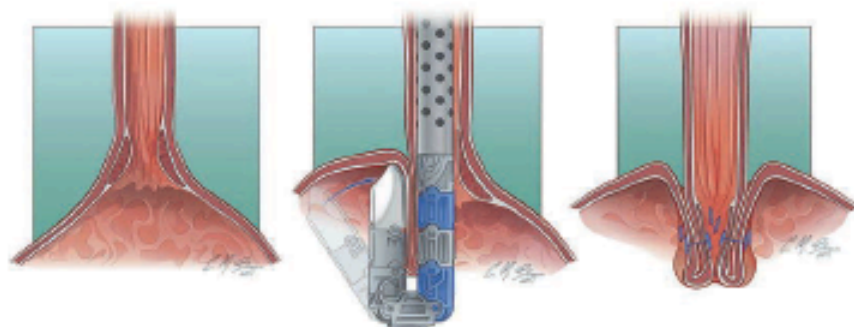
DR VINAY SEHGAL

Consultant
Gastroenterologist and
Interventional
Endoscopist at The
London Clinic and
University College
London Hospital

Transoral incisionless fundoplication (TIF) is a non-surgical endoscopic treatment option for a significant proportion of patients with GORD. The TIF procedure is performed endoscopically and is used to restore the normal anatomy of the gastro-oesophageal junction (GOJ) whilst avoiding the side-effects of surgery. Longer-term studies have shown that TIF can achieve symptom resolution in almost 90% of patients of whom more than two thirds no longer required regular PPI's. The TIF procedure is safely performed under general anaesthesia and usually only takes 45 minutes with most patients can go home after an overnight stay.

“
90%
”

OF PATIENTS
ACHIEVE SYMPTOM
RESOLUTION
AFTER TIF



Dr Vinay Sehgal is now offering the TIF procedure to suitable patients with GORD at The London Clinic.

Find out more at
thelondonclinic.co.uk
or scan me

