

A Safe, Effective Middle Therapy for GORD

Professor Marcus Reddy


Between medication and surgery, the minimally invasive Stretta procedure provides long-term symptom relief.

Approximately 25% of adults have occasional to frequent heartburn, including 5% who have heartburn every day.¹

Many patients who experience heartburn two or more times per week have gastro-oesophageal reflux disease (GORD), a condition where stomach contents like acid or bile reflux up into the oesophagus. GORD causes significant discomfort and quality of life issues, and chronic GORD can elevate a patient's risk for Barrett's oesophagus or oesophageal cancer.

Tests such as endoscopy, barium swallow, pH monitoring/impedance, manometry or gastric emptying studies enable us to differentiate simple heartburn from GORD.

Patients can minimise GORD symptoms by making certain lifestyle changes, including weight loss, smoking cessation, avoiding trigger foods and overeating, and even sleeping with their head elevated.



When lifestyle changes are ineffective, common treatments for GORD have historically included long-term medications or surgery.

Today, we have the option to use a non-surgical interim step between medication and surgery called the Stretta procedure. Stretta uses radio-frequency energy to provide relief from GORD symptoms.

Stretta has been widely studied, showing durability of symptom relief lasting up to 10-years.² It is appropriate for multiple types of chronic GORD patients and does not prevent patients from having surgery in the future if necessary.

Treatment Options from Medications to Surgery

Long-term use of GORD medications, including prescription and over-the-counter Proton Pump Inhibitors (PPIs) and H2 blockers, are effective for many patients who are comfortable taking a pill every day. For some patients, however, long-term medication is undesirable or ineffective. It also may not be the best option for patients with extra-oesophageal symptoms of GORD such as laryngopharyngeal reflux (LPR).

Today, we also understand that long-term use of PPIs has been associated with certain risks and contraindications. PPIs may increase patients' risk for infections and bone fractures and can cause deficiencies of iron or vitamin B12. They may also interact adversely with other medications. Some recent studies note that long-term use of PPIs has been associated with a risk of kidney, heart and memory problems.

When long-term medications are contraindicated or ineffective, the next step has always been surgery. Most common is a laparoscopic Nissen fundoplication, in which part of the stomach is wrapped around the oesophagus to improve sphincter function. The procedure requires a hospital stay and weeks of dietary restrictions. A fundoplication can also be done endoscopically, or magnetic implants may be introduced during the laparoscopic surgery to help augment the weak sphincter.

Effective Middle Therapy: Stretta Procedure

When GORD is not controlled with medications, we can now offer a middle step in the continuum of care before resorting to surgery.

An alternative to both medications and surgery, the Stretta procedure has been shown to improve reflux symptoms and enhance patients' quality of life without surgically altering the anatomy. After the procedure, reflux symptoms gradually improve, acid exposure is decreased, and patients can reduce or eliminate their use of medication.

The underlying cause of GORD is a weak muscle between the stomach and oesophagus. By using Stretta to improve this muscle, we can reduce reflux long term.

The Stretta device is introduced through the mouth like an upper endoscopy. The Stretta catheter delivers low-temperature radio-frequency energy deep into the muscle layer, thickening, remodelling and strengthening the muscle tissue to improve the barrier between the stomach and oesophagus, and prevent reflux.

Stretta is an outpatient procedure that takes about an hour, most patients can return to normal activities the next day.

Even patients who have already undergone anti-reflux surgery or have had bariatric surgery and have recurring GORD can have Stretta. What's more, having the Stretta procedure does not prevent patients from having surgery for GORD in the future if they need it.



— Weak muscle allows stomach contents to reflux into oesophagus.



— Treats muscle with radio-frequency energy.



— Thicker muscle prevents reflux.

Stretta Safety and Efficacy Data

More than 40 clinical studies have concluded that the Stretta procedure is safe and effective.³ In an analysis of 1441 patients from 18 studies, Stretta treatment resulted in a significant improvement in both objective and subjective outcomes.⁴ What's more, Stretta results have been shown to last from 4 to 10 years.^{2,5} The procedure is a promising addition to the continuum of care, enabling us to use a less invasive method than surgery to achieve symptom relief for patients with chronic GORD.



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