

COMPARISON OF OUR CURRENT PRE-OPERATIVE WORKUP OF CHILDREN WITH GASTRO-OESOPHAGEAL REFLUX DISEASE WITH THE NICE GUIDELINE

J Lopes, S Arul, A Lander, D Parikh, M Singh, G Soccorso, I Jester
Birmingham Children's Hospital, Birmingham, UK

Aim of the study: In January 2015 NICE (National Institute for Health and Care Excellence) published the guideline "Gastro-oesophageal reflux disease (GORD): recognition, diagnosis and management in children and young people".

It recommends that before fundoplication an upper GI endoscopy with biopsies, a pH study (combined or not with impedance monitoring) and an upper GI contrast study should be performed.

We aimed to assess the current clinical practice of a group of expert Paediatric Surgeons in a Tertiary Teaching Paediatric Hospital regarding the use of these pre-operative investigations.

Methods: Retrospective review of funduplications performed for GORD in this unit between 2014 and 2016. 40 cases pre and 40 cases post publication of the NICE guideline were analyzed, including demographic details, presentation, pre-operative investigations and results, operative details and outcome.

Main results: Pre NICE guideline: 90% (36/40) of patients had an Upper GI contrast, 12.5% (5/40) had an oesophageal biopsy and 5% (2/40) had a pH/ impedance study.

Post NICE guideline: 92.5% (37/40) of patients had an Upper GI contrast, 22.5% (9/40) had an oesophageal biopsy and 17.5% (7/40) had a pH/ impedance study.

37% of upper GI contrasts were normal, 45% showed reflux, 11% showed a hiatus hernia, 3% showed a patulous gastro-oesophageal junction, 4% showed malrotation. 43% of oesophageal biopsies were normal, 36% showed evidence of reflux oesophagitis, 21% showed non specific oesophagitis. 11% of pH/ impedance studies were normal, 67% showed significant reflux, 22% were failed procedures.

Conclusions: Paediatric Surgeons decide to perform a fundoplication for GORD in the majority of cases based on clinical findings and patient history. Most patients have a pre-operative upper GI contrast to rule out malrotation but without oesophageal biopsies or pH/ impedance studies, despite the recommendations from NICE. There is scope to reflect on current practice.