

The attitude of UK Surgeons towards the surgical management of refractory gastro-oesophageal reflux disease (GORD) in obese patients.

This brief 9-item survey is designed to elicit professional opinions regarding the treatment of medically refractory GORD in obese patients.

1. I describe myself as (Tick all that apply)

- Consultant Upper GI Surgeon
- Consultant Bariatric Surgeon
- Consultant HPB Surgeon
- Other Consultant GI Surgeon
- Surgical Trainee
- Specialty Doctor/ Associate Specialist

2. How long have you been in this position

- Less than 5 years
- 5 - 10 years
- 11 - 20 years
- More than 20 years

3. I regularly perform laparoscopic/ open anti-reflux surgery (10 procedures or more a year)

- Yes
- No

4. I regularly perform laparoscopic bariatric and metabolic surgery (10 procedures or more a year)

- Yes
-

No

5. I consider laparoscopic fundoplication as the preferred option for management of refractory GORD in (Tick all that apply)

- Patients with BMI 30 - 34.9 kg/m²
- Patients with BMI 35 - 39.9 kg/m²
- Patient with BMI 40 kg/m² and above
- Laparoscopic fundoplication is not my preferred option in the above groups

6. I would consider discussing bariatric surgery as an alternative option for treatment of refractory GORD, in the following (Tick all that apply)

- Patients with BMI 30 - 34.9 kg/m²
- Patients with BMI 35 - 39.9 kg/m²
- Patients with BMI 40 kg/m² and above
- I would not routinely discuss this option

7. I would consider a bariatric procedure as the preferred option in: (Tick all that apply)

- Patients with BMI 30 - 34.9 kg/m² and refractory GORD only
- Patients with BMI 35 - 39.9 kg/m² and refractory GORD only
- Patients with BMI 40 kg/m² and above with refractory GORD only
- Patients with BMI 35 kg/m² and above with refractory GORD and significant comorbidities
- Bariatric surgery is not my preferred option for management of GORD at all

8. Which is your preferred bariatric procedure for the management of obese patients with documented GORD? (Tick all that apply)

- Laparoscopic adjustable gastric band
- Laparoscopic sleeve gastrectomy
-

- Laroscopic roux-en Y gastric bypass
- Laparoscopic mini gastric bypass
- Duodenal switch
- Intra-gastric balloon
- None

9. Bariatric surgery is not my preferred option for treatment of refractory GORD because of ? (Tick all that apply)

- The lack of well-designed randomised controlled trial
- The lack of well-defined national consensus or guidelines
- The difficulty in referring a patient to meet the bariatric team
- The patient's attitude is not usually in favour of undergoing bariatric surgery
- None of the above

Done

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