TU7.10 Short and medium-term symptom response to fundoplication in reflux-associated chronic cough in a UK Centre

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Aim: To identify whether anti-reflux surgery is an effective treatment for reflux-associated cough in a single specialist unit.

Method: A retrospective analysis of patients referred for suspected reflux-associated cough undergoing anti-reflux surgery over a 12 month period in a single centre. Pre-operative oesophageal physiology and imaging, operative technique and follow up records were examined. Symptom resolution and relapse was assessed four years postoperatively.

Results: 15 patients underwent anti-reflux surgery following referral with suspected reflux-associated respiratory symptoms. 6 patients had hiatus hernia (40%). There was no correlation between symptom improvement and presence of hiatus hernia, lower oesophageal sphincter (LOS) pressure or DeMeester score (DS). 13 of 15 patients attended initial follow-up. 12 (92.3%) reported complete or partial resolution of symptoms. Acid suppression medication was discontinued in 7 (53.8%) patients at follow up. 100% of patients with marked oesophageal dysmotility (OD) and elevated DS reported their symptoms either partially or fully resolved. One patient who reported no symptom improvement had normal LOS pressures and normal DS but marked OD.

At four-year follow up, 7/13 reported symptoms (53.8%). Of these 3 have been re-referred for recurrent cough (23.1%), 1 for dysphagia (7.7%) and 2 experienced symptomatic reflux (15%). The final patient (7.7%) underwent revision surgery (partial reversal of Nissen Fundoplication) and was satisfied postoperatively.

Conclusion: Patients referred by the respiratory service for reflux-associated cough show good symptom improvement which is largely maintained following anti-reflux surgery. Relative contraindications of dysmotility did not appear to be predictive of worse outcome in this group.