

SOUTHWESTERN NEWS

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SOOTHING THE BURN: UT SOUTHWESTERN SURGEONS USING LAPAROSCOPY TO STOP CHRONIC INDIGESTION

DALLAS – February 2, 1998 – For 40 years Dallas physician David Brand felt the burn. But the chronic and severe heartburn finally stopped last fall after treatment with a "keyhole" surgery at UT Southwestern Medical Center at Dallas.

Brand had a hiatal hernia and a weakened lower esophageal sphincter. The normal sphincter opens to let food into the stomach and closes to prevent regurgitation of gastric acid and undigested food. For years he took the most effective antacid medications available, modified his diet and lost weight — all to no avail.

Dr. Daniel B. Jones, assistant professor of surgery at UT Southwestern, solved Brand's problem. He performed laparoscopic surgery in which the upper part of the stomach, called the fundus, is partially wrapped around the lower esophagus. The procedure is known as the Toupet Fundoplication.

The Toupet wrap is noteworthy for two reasons: It is an improved version of an existing procedure that has been used to treat gastroesophageal reflux disease (GERD), and it is major surgery done through five small incisions that measure 10 millimeters each, which is why it is called "keyhole" surgery. A small 10-millimeter telescope is inserted into the abdominal cavity, and the image is projected on a television monitor.

The Toupet wrap uses the muscle of the fundus to bolster the weakened spontaneous movement of the lower esophagus, which normally expands when a person swallows and tightens afterwards. Like the esophagus, the fundus of the stomach also has the ability to relax and tighten before and after swallowing.

Unlike the more common Nissen Fundoplication, which makes a 360-degree wrap around the base of the esophagus, the Toupet wrap leaves a gap between the two sides of the relocated fundus. The wrap solves the GERD problem and the gap permits burping.

(MORE)

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"Both techniques have benefits, but while the Nissen wrap prevents reflux, it also makes it harder for food to get into the stomach, so another potential problem is created," said Jones, who is co-author of the newly released book *Laparoscopic Surgery: Principles and Procedures*.

Treatment with the Toupet wrap also means an earlier hospital discharge — an average of 24 to 72 hours after surgery — and patients can return to full activity within 12 days after surgery, Jones said.

Not all patients are suitable candidates for the laparoscopic Toupet wrap, but it may be preferable for patients who are otherwise healthy. "Having the surgery may mean being able to quit taking expensive medications for the rest of your life," Jones said. "About 60 million people in the U.S. have indigestion. That means most people can be treated with lifetime medications and lifestyle modifications. Luckily most patients don't need surgery.

"But that means a person must adhere to a rigid way of life indefinitely without any assurance that these medications and modifications will effectively treat the reflux," he said.

For Brand, the long wait for surgery was damaging. The years of uninterrupted reflux damaged his vocal cords and caused his voice to become hoarse. "I would wake up at night with acid going into my lungs. Many nights I had to sleep sitting up in a chair," he said.

"For years my doctors recommended no surgery, then I finally went to see an ear-nose-and-throat specialist because my hoarse voice never cleared up," Brand said. "She sent me to UT Southwestern, and Dr. Jones ran some tests, which showed damage to my esophagus.

"Because of the failure of the lifestyle modifications and antacid medications I had taken for several years, Dr. Jones recommended surgery. I told him I was ready.

"Now I'm feeling much better. I've had esophagus pain, but I haven't had reflux since the surgery. I've even slept flat on my bed and, because of my schedule, have had to eat late at night without experiencing any reflux," he said. "My life has changed, and I am so gratified with the results because things are much better now."

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