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INVITED CRITIQUE

The article titled "Complications in Antireflux Surgery: National-Based Analysis of Laparoscopic and Open Funduplications" by Rantanen and colleagues is a retrospective analysis of 10 846 funduplications performed in Finland from January 1992 to December 2001. Information was collected from 3 Finnish administrative databases and a questionnaire was sent to hospitals. The study compares 3987 open procedures with 6859 laparoscopic procedures.

The annual number of antireflux operations increased during this 10-year period, with all of the increase related to laparoscopy. Surgical mortality and the overall rate of serious complications did not differ between groups, but claims for injuries and dysphagia were higher with laparoscopy.

This is an excellent article despite a number of drawbacks that raise several questions. We have no information about patients except that they had a hiatal hernia. We do not know the type or size, which can contribute to the risk of recurrence. We also do not know whether mesh was ever needed.

Preoperative symptoms are not mentioned. Balci and Turkcapar¹ used 2 different quality-of-life items (the 36-Item Short-Form Health Survey and the GERD-Health-Related Quality of Life scale) to measure the relation between symptoms and quality of life before and after laparoscopic Nissen fundoplication. They also realized that there is a need to develop a new quality-of-life questionnaire specifically for GERD.

No information about the surgeons could be retrieved from this article. Were the same surgeons always used? Were they beyond their learning curve? Likewise, there is no standardization of the procedure. Technical details are provided only for the 68 patients with serious complications. Rantanen and colleagues appropriately stress that point in their conclusion. The rate

of complications decreased in high-volume hospitals, particularly at universities. Are these surgeons involved in teaching?² Is there a full spectrum of clinical services in these institutions?³

Claims for injury and rates of reoperation are not reliable methods of assessing the problems of dysphagia and patient dissatisfaction. There is no correlation here between satisfaction and postoperative symptoms, and a consensus classification of fundoplication failure is needed.⁴

I believe that this excellent review by Rantanen and colleagues should serve as a platform to move beyond comparing laparoscopy with open surgery. We can proceed into a more radical exploration of new surgical approaches⁵ that will provide our patients and gastroenterology colleagues with long-lasting, better, more satisfying results.

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