



## Advancement in the treatment of GERD

Dear Colleague,

I am pleased to share an innovative surgical solution for your patients with chronic acid reflux. The endoscopic **TIF® 2.0 procedure** allows me to effectively treat the root cause of moderate to severe GERD and fills the treatment gap between pharmacological therapy and more traditional surgical options.

TIF (Transoral Incisionless Fundoplication) is **not new**. More than **30,000 TIF procedures** have been performed worldwide since 2007. Additionally, there are over **140 peer-reviewed publications** in respected gastroenterology and surgical journals including four randomized controlled trials, two with sham control arms.

Many patients are diagnosed with GERD and not fully satisfied with their current treatment options. They often present with daily heartburn and regurgitation or other atypical symptoms such as chronic cough, hoarseness, chronic sinus or lung infections, and dental erosions. Until recently, patients only had two choices—a lifetime dependence on daily medications (and often incomplete symptom control), or the risks and long-term side-effects of traditional surgery.

PPI medications offer safe and effective short-term relief for heartburn symptoms. Unfortunately, even while on medications for years, many patients are still unable to eat the foods they want or must sleep sitting up to reduce nighttime reflux, and these patients frequently become dissatisfied with lifestyle adjustments.

TIF isn't just a treatment option for the most severe cases that would have traditionally required a Nissen fundoplication; it has become a **preferred solution for patients with moderate to severe GERD**. Additionally, TIF is designed to treat GERD symptoms while minimizing post-operative side effects such as dysphagia, gas bloat, and flatulence.

The TIF procedure is a **data-backed** solution for moderate to severe GERD patients who are:

- Dissatisfied with pharmaceutical therapies and the burdensome lifestyle changes (sleeping positions, strictly timed eating, etc.) that they are forced to manage symptoms
- Suffering from non-acid symptoms of reflux such as asthma, persistent cough or sore throat
- Dissatisfied with progressively increasing dosages of their reflux medications that may or may not be controlling symptoms
- Concerned about the potential long-term side effects from dependence on proton pump inhibitors

**Indications** for the TIF procedure include patients presenting with a dysfunctional antireflux valve, including those with a hiatal hernia. For patients presenting with both GERD and a hiatal hernia, laparoscopic hiatal hernia repair may be performed immediately prior to the endoscopic TIF procedure in the same anesthesia setting.

I am available to answer questions any time. We can review specific patients in your practice who might be candidates for GERD interventions like the TIF procedure with or without hiatal hernia repair. To schedule an evaluation for your patients, please call **(603) 692-2228**.

Thank you for your partnership in providing the most advanced care available for our patients.

Sincerely,

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