

Can Rectus Diastasis Surgery Influence Gastroesophageal Reflux Symptoms? A Prospective Observational Study

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Background

- Diastasis recti (DR) may impair intra-abdominal pressure (IAP) and core function.
- Gastroesophageal reflux disease (GERD) is linked to pressure imbalances.
- **Hypothesis: repairing DR may alleviate GERD symptoms.**

Methods

- **Design:** Prospective observational study
- **Participants:** 115 patients (BMI ≤ 25, no major comorbidities)
- **Procedure:** Endoscopic Preaponeurotic Repair (SCOLA) with polypropylene ultralight macroporous onlay mesh (Herniamesh® Hermesh 8)
- **Assessment tool:** GerdQ questionnaire, pre- and post-op
- **Follow-up:** 27–108 months
- **Analysis:** Chi-square, t-test, logistic regression (SPSS v22)

Results

Prevalence of Symptoms (before)

GerdQ Total Score

- From 16 ±17 to 5 ±10
- All items: p < 0.001

Univariate Analysis

No significant correlation with:

- Sex
- Age ≥ 50
- Geographic region

Symptom	Pre-op (%)	Post-op (%)	p-value
Heartburn	54	30	< 0.001
Post-meal reflux	56	25	< 0.001
Reflux lying down	53	24	< 0.001
Diet change due to GERD	37	14	< 0.001
Nighttime regurgitation	35	14	< 0.001

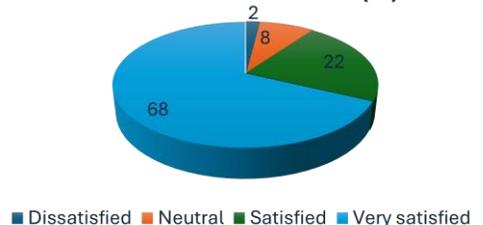
😊 Patient Satisfaction

- **Majority of patients reported significant symptom relief and improved quality of life.**

Conclusions: SCOLA significantly reduces GERD symptoms in DR patients.

- Likely mechanism: improved core stability and redistribution (not increase) of IAP.
- Possible role of diaphragmatic function and respiratory mechanics.
- Further studies needed to confirm physiological mechanisms.

Patients Satisfaction (%)



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