Stretta therapy is an effective and minimally invasive procedure that improves the function of the LES barrier.

- An option for patients that have failed or are intolerant of drug therapy
- Significantly lower complication rate compared to surgery
- Does not prevent subsequent surgery in patients that don’t respond to treatment

A recent clinical study in a large group of patients documents important long-term durability of beneficial symptomatic effects and elimination of medication usage effects of the Stretta procedure in patients who have failed escalated PPI therapy — the patients in this study had statistically significant improvement and sustained effect in all parameters for up to 4 years.

**Treats the disease, not just the symptoms**
- Minimally invasive
- Documented long-term effectiveness
- 90% patient satisfaction
- Safe and well tolerated

Stretta therapy is an endoscopically-guided, minimally invasive, outpatient procedure performed by a doctor in 60 minutes or less. The Stretta Catheter, powered by the Stretta Generator, is an innovative design for precise and safe delivery of radiofrequency energy to the lower esophageal sphincter (LES), muscle and gastric cardia. As treated areas heal, the barrier function of the LES is augmented, reducing the frequency and severity of reflux events. There is no hospital stay involved with Stretta therapy and patients are typically able to return to normal activities the following day.
Gastroparesis associated with gastroesophageal reflux disease and corresponding reflux symptoms may be corrected by radiofrequency ablation of the cardia and esophagogastric junction.


CONCLUSION: In summary, the large majority of patients in this study had statistically significant improvement and correction of gastroparesis. There were corresponding improvements in patients' symptoms, with a demonstrated difference between responder and nonresponder groups. The need for PPI therapy was eliminated for almost all gastric emptying scan responders. The symptom improvements were maintained for at least 12 months. The safety record and sustained efficacy indicate that the Stretta procedure is a viable, minimally invasive, endoluminal procedure for the management of GERD patients considering alternatives to failed drug therapy and those with coexistent GERD associated gastroparesis.

Sustained improvement in symptoms of GERD and antisecretory drug use: 4-year follow-up of the Stretta procedure.


CONCLUSION: The results in this large group of patients document important long-term durability of beneficial symptomatic effects and elimination of medication usage effects of the Stretta procedure in patients who have failed escalated PPI therapy…the patients in this study had statistically significant improvement and sustained effect in all parameters for up to 4 years.


CONCLUSION: For these GERD patients followed to 4 years, the Stretta procedure was a safe, effective, and durable treatment, with significant and sustained improvements in GERD symptoms, QOL and PPI elimination.

Treatment of Refractory Gastroesophageal Reflux Disease with Radiofrequency Energy (Stretta) in Patients with Roux-en-Y Gastric Bypass.


CONCLUSION: In conclusion, we present objective evidence for the efficacy of applying endoluminal technology, specifically radiofrequency energy, for the treatment of patients with recurrent GERD after LRYGB. This method represents a valid option for patients whose gastric anatomy was altered. Furthermore, this outpatient therapy has been delivered safely and, in the current study group, with morbidity. Additional studies are required to determine the long-term effect of Stretta in this patient population, and also to compare its outcomes with those of other endoluminal methods.

Endoscopic Antireflux Therapy: The Stretta Procedure.


CONCLUSION: The decision to undergo antireflux surgery or Stretta must be based on the relative risks and benefits of each procedure. Although antireflux surgery provides better control of esophageal acid exposure than Stretta, the outcomes for GERD symptoms, quality of life, and reduction in PPI use are comparable. Stretta has a low risk of acute adverse events, has no reported cases of long-term dysphagia, and obviates general anesthesia and hospitalization, whereas antireflux surgery has a reported adverse event rate of approximately 2%, a considerable incidence of dysphagia, and requires general anesthesia and 1 to 2 days in the hospital. Another advantage of the Stretta procedure is that antireflux surgery still can be performed in the case of failures.

In conclusion, the Stretta procedure offers a minimally invasive, safe, and effective alternative to antireflux surgery for those patients who have GERD who are controlled unsatisfactorily on antisecretory medications, who are considering surgery, and who meet the anatomic criteria that make the procedure technically feasible and safe.

Three year’s Experience with the Stretta procedure: did it really make a difference?


CONCLUSION: In conclusion, the Stretta procedure is a safe and modestly effective endoscopic treatment option for GERD patients that does not preclude or increase the difficulty of surgery if it is needed at a later time. There is no evidence for the development of long-term complications, such as esophageal strictures or dysmotility. Symptoms and quality of life are improved in most of patients, and improvement in those patients, is associated with a decrease in distal esophageal acid exposure. The new paradigm (suggested by our group) of using Stretta in patients with a small hiatal hernia (<3 cm), an LES pressure >8 mmHg, and no presence of Barretts esophagus or evidence of recurrent aspiration and pulmonary disease remains our treatment algorithm for patients who present for the surgical management of GERD.


CONCLUSION: In conclusion, the Stretta procedure is a safe, moderately effective, and durable endoscopic treatment for GERD. Over the long term, this therapeutic intervention significantly improves GERD symptoms and quality of life, and eliminates the need for PPIs in the majority of patients.