Supplementary Online Content

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eMethods. Collis Gastroplasty Surgical Technique

This supplementary material has been provided by the authors to give readers additional information about their work.

eMethods: Collis Gastroplasty Surgical Technique

A point on the lesser curve of the stomach, 4 cm from the crura is marked with no tension on the esophagus or stomach. A 56-60 Fr tapered bougie (based on the patient's size) is carefully placed into the stomach. The greater curve is grasped 6 cm from the gastroesophageal (GE) junction, equidistant anteriorly and posteriorly from the leaser curve (the GE junction may be above the crura). Then, the stapler with blue cartridge is aimed at the angle of His above the grasper, parallel to the fundus, and a cm from the edge of the fundus, then fired. With each subsequent staple firing, the stapler is maximally flexed and is aimed toward the target on the lesser curve and overlaps the prior staple line giving the portion of stomach to be removed a serrated appearance. When close to the bougie, the stapler is fired parallel to the bougie up toward the mediastinum until the serrated portion of fundus is completely excised. This serrated technique preserves more fundus for the fundoplication than a wedge technique. Mesh was not used to span or re-enforce the crura. Mesh was used to cover a right crural relaxing incision when needed. This has been the predominant technique within our surgical practice, however, it should be noted that over the 17-year study period the technique was refined by placing the staple line equidistant from the lesser curve rather than along the short gastric vessels. Two surgeons perform the classically described wedge fundectomy.