

Arif Ahmad, MD, FRCS, FACS, is Director of the Acid Reflux and Hiatal Hernia Centers of Distinction at St. Charles Hospital and St. Catherine of Siena Hospital. He is internationally renowned in minimally invasive surgery, with more than 30 years of surgical experience. Dr. Ahmad has extensive robotic and laparoscopic experience in hiatal hernia and fundoplication procedures. He has one of the largest worldwide experiences in robotic surgery, having performed about 3,000 robotic operations and more than 10,000 bariatric, general and endoscopic operations over the past 25 years.

After completing medical school at the Medical College of Bengal and a residency at the University of Connecticut School of Medicine, Dr. Ahmad trained in the UK and became a fellow of the Royal College of Surgeons (FRCS). He later completed an advanced training fellowship at the Harvard Medical School, followed by another five-year residency at the University of Connecticut and a fellowship mastering advanced training in laparoscopic surgery at the University of Virginia.

Dr. Ahmad is a pioneer in innovative surgical techniques in the field of laparoscopic surgery, including new techniques to prevent intestinal obstruction and detect leaks. He is a member of the Society of American Gastroendoscopic Surgeons, American Society of Bariatric Surgery, and Fellow of American College of Surgeons.

Acid Reflux and Hiatal Hernia Centers of Distinction

St. Charles Hospital

St. Catherine of Siena Hospital



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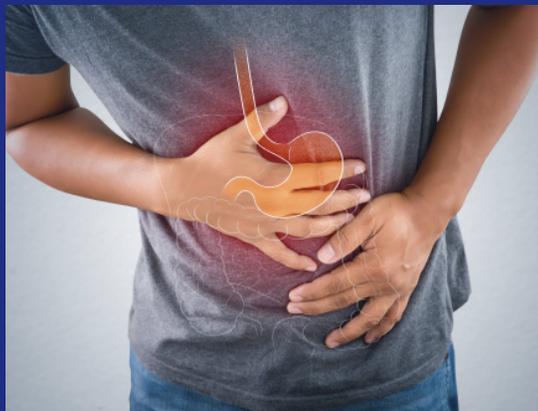
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What is Heartburn and Reflux Disease?

Heartburn and Gastroesophageal Reflux Disease (GERD) is a common chronic condition that involves acid from the stomach flowing back into the esophagus because of the malfunctioning of the lower esophageal sphincter—the muscular valve that closes after food enters the stomach.

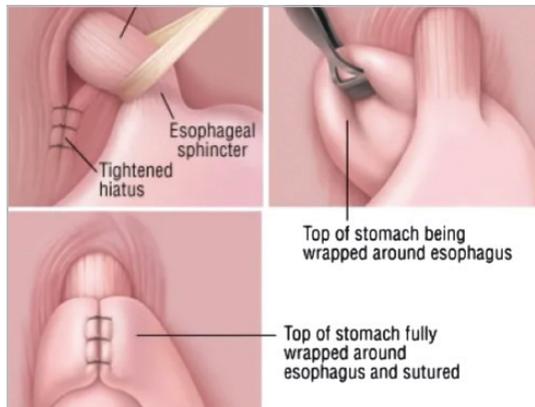
Symptoms of heartburn and reflux disease can include:

- Acid reflux
- Heartburn
- Nausea
- Persistent regurgitation
- Difficulty swallowing
- Chronic cough
- Chest pain



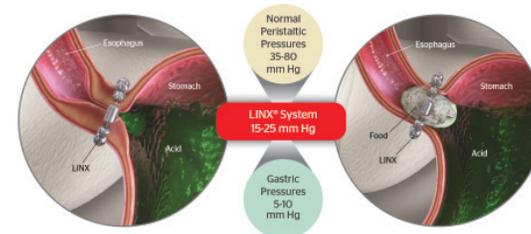
When is medication insufficient or inappropriate for treating GERD?

- Continuing to have regurgitation in spite of prescription medications (including Proton Pump Inhibitors – PPIs).
- Patients who are experiencing side effects from medications.
- Patients who do not want to remain on medications for the rest of their life due to concern of long-term side effects (such as osteoporosis and electrolyte abnormalities).
- Patients who have GERD complications.



Minimally invasive anti-reflux surgery procedures are available as a permanent solution for acid reflux

- **Fundoplication surgery** is a laparoscopic, robotic-assisted, one-hour procedure, where the upper part of the stomach is wrapped around the food tube, to create a new valve.
- **Repair of Hiatal Hernia** can be performed with minimally invasive techniques that can eliminate reflux and regurgitation.
- **Advanced endoscopic procedures** are available to treat Barrett's disease.
BARRX Procedure: During the procedure, an instrument is inserted into the esophagus that burns off the diseased layer of the esophagus. In its place, healthy cells grow back.
- **Magnetic sphincter augmentation procedure (LINX®)** where a magnetic ring is inserted into the lower esophagus to create a new sphincter. This is a minimally invasive procedure where physician wraps a small, flexible band of magnetic beads, about the size of a quarter, around where the stomach and esophagus meet. Once implanted, the magnetic band opens when a patient swallows food and closes to prevent stomach acids from flowing back into the esophagus. The operation time is less than one hour and typically, same day discharge.



LINX® Reflux Management System is a flexible ring of small magnets placed around the LES during a minimally invasive procedure. The strength of the magnets helps keep the weak LES closed to prevent reflux. When patients swallow, LINX® opens temporarily to allow food and liquid to pass into the stomach.