

PROGRAM



EFS 2025

Advances in Achalasia Management: Diagnostics and Therapeutic Procedures

November 6, 2025

11:00-11:30

Crowne Plaza Athens – City Centre
Athens, Greece

**Endoflip™
Symposium**

Register

Why attend?

- Discover expert insights on optimizing achalasia diagnosis
- Learn practical approaches on advancing achalasia treatment with Endoflip™
- Be part of an interactive discussion and Q&A

Chair:



Dr. Rehan Haidry

Speakers:



Dr. Tania Triantafyllou



Prof. John Lipham



Agenda

Time	Topic	Speaker
11:00-11:10	Optimizing diagnosis in achalasia: insights and tools for accurate assessment	Dr. Tania Triantafyllou
11:10-11:20	Advancing achalasia treatment: practical approaches with EndoFlip™ 300	Prof. John Lipham
11:20-11:30	Discussion and Q&A	ALL

Register

EFS 2025



Barrett's Esophagus Management: Clinical Insights on Barrx™ RFA

November 7, 2025
10:30-11:00

Crowne Plaza Athens – City Centre
Athens, Greece

Barrx™ RFA
Symposium

Register

Why attend?

- Discover best practices in Barrett's esophagus management with Barrx™ 360 express RFA
- Get insights on follow-up care and treating small lesions
- Engage in a dynamic, expert-led Q&A

Chair:



Prof. Oliver Pech

Speakers:



Prof. George Tribonias



Dr. Rehan Haidry

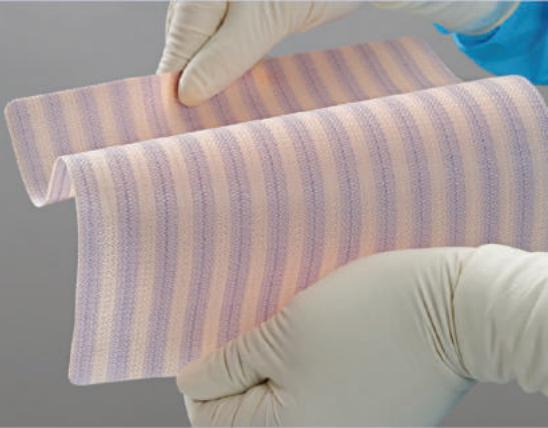
Agenda

Time	Topic	Speaker
10:30-10:40	Barrett's Esophagus management and treatment with Barrx RFA 360 express	Dr. Rehan Haidry
10:40-10:50	Barrett's esophagus follow-up and treatment of small lesions	Prof. George Tribonias
10:50-11:00	Discussion and Q&A	ALL

[Register](#)

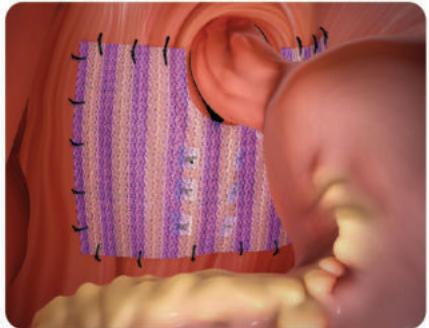
Phasix™ ST Mesh for hiatal hernia repair

The only bioresorbable mesh with a hydrogel barrier indicated for hiatal hernia repair.

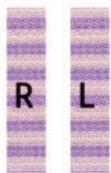


Hiatal hernia repair options have evolved over the years with the primary goal of a long-term repair.

Since 2018 Phasix™ ST Mesh has been indicated for use in the reinforcement of soft tissue, where weakness exists.



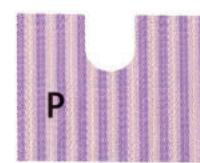
Cut mesh for customization



Pledgets



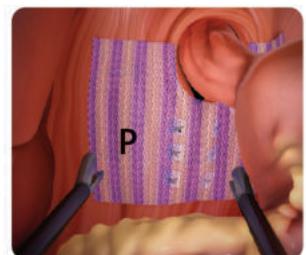
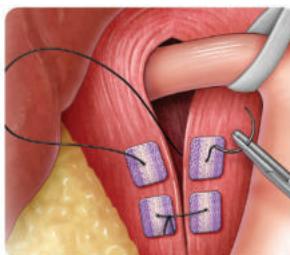
Heart or U shape



C Shape or Reverse C shape

Placing mesh

Designed to reinforce and conform to the crural repair in hiatal hernia procedures.



Closure of crura

Phasix™ ST Mesh boasts 15 publications relating to use in hiatal hernia repairs, two of which address outcomes up to five years.

Changing the standard of hiatal hernia care since 2018.



Authors, Article Title, Journal, Year	Product	Patients	Mean Follow-up (months)	Recurrence	QOL*
McKay SC, et. al. Five-Year Outcomes from a Prospective Study on the Safety and Efficacy of Phasix® ST Mesh Use at the Hiatus During Paraesophageal Hernia Repair. <i>J Am Coll Surg.</i> Published online April 24, 2024.	Phasix® ST	50	60	25%	
Panici Tonucci T, et.al., Does crural repair with biosynthetic mesh improve outcomes of revisional surgery for recurrent hiatal hernia? <i>Hernia.</i> Published online March 29, 2024.	Phasix® ST Mesh	104 (60- Phasix® Mesh)	55	20.2%	✓
Aiolfi A, et. al. Medium-term safety and efficacy profile of paraesophageal hernia repair with Phasix® ST mesh: a single-institution experience. <i>Hernia.</i> 2022 Feb;26(1):279-286.	Phasix® ST Mesh	68	27	8.8%	✓
Clapp, B., et.al. Does bioabsorbable mesh reduce hiatal hernia recurrence rates? A meta-analysis. <i>Surg Endosc.</i> 2023 Mar;37(3):2295-2303.	Phasix® ST Mesh	963 (73 Phasix® ST)	27	8.0%	✓
K S Viswanath, Yirupaihargi, Giant Hiatal Hernia and P4HB Phasix® ST Mesh HiatoPlasty Outcomes. Clinical research and clinical trials, 2024.	Phasix® ST Mesh	44	24	9.1%	
Panici Tonucci et. al. Safety and Efficacy of Crural Augmentation with Phasix® ST Mesh for Large Hiatal Hernia: 3-Year Single-Center Experience. <i>J Laparoendosc Adv Surg Tech A.</i> 2020 Apr;30(4):369-372.	Phasix® ST Mesh	73	17	3.2%	
Siemssen B, et. al., Medium term (> 12 months) outcomes after laparoscopic hiatal hernia repair without conventional fundoplication using P4HB-mesh implant (Phasix®) in 176 reflux patients: experience and technique. <i>Hernia.</i> 2024 Oct;28(5):1641-1647.	Phasix®	176	22	3%	✓
Aiolfi A, et. al. Laparoscopic posterior cruroplasty: a patient tailored approach. <i>Hernia.</i> 2022 Apr;26(2):619-626.	Phasix® Mesh	Phasix® ST Mesh: 39 No Mesh: 102	21	2.1%	
Konstantinidis H, et. al., Surgical treatment of large and complicated hiatal hernias with the new resorbable mesh with hydrogel barrier (Phasix® ST): a preliminary study. <i>J Robot Surg.</i> 2023 Feb;17(1):141-146.	Phasix ST® Mesh	60	21	0.0%	
Fair, L., et.al. Coated poly-4-hydroxybutyrate (Phasix® ST) mesh is safe and effective for hiatal hernia repair: our institutional experience and review of the literature. <i>Surgical Endoscopy</i> 2023	Phasix ST® Mesh	230/221	20 +/- 14.6	4.8 %/ 8.8%	✓
Aiolfi, A.,et. Al. Patient-tailored algorithm for laparoscopic cruroplasty standardization: comparison with hiatal surface area and medium-term outcomes. <i>Langenbecks Arch Surg.</i> 2022 Sep;407(6):2537-2545.	Phasix ST® Mesh	Phasix® ST Mesh: 23 No Mesh: 27	18.6	12%	✓
Panici Tonucci et. al. Safety and Efficacy of Crural Augmentation with Phasix® ST Mesh for Large Hiatal Hernia: 3-Year Single-Center Experience. <i>J Laparoendosc Adv Surg Tech A.</i> 2020 Apr;30(4):369-372.	Phasix ST® Mesh	73	17	3.2%	
Abdelmoaty, W. et. al. Combination of Surgical Technique and Bioresorbable Mesh Reinforcement of the Crural Repair Leads to Low Early Hernia Recurrence Rates with Laparoscopic Paraesophageal Hernia Repair. <i>J Gastrointest Surg.</i> 2020 Jul;24(7):1477-1481.**	Phasix ST® Mesh	50	12	8.0%	
Ukegjini, K. et. al, Hiatus hernia repair with a new-generation biosynthetic mesh: a 4-year single-center experience. <i>Surg Endosc.</i> 2023 Jul;37(7):5295-5302.	Phasix ST® Mesh	97	12	13.0%	
Salehi N, et. al. Comparative anatomic and symptomatic recurrence outcomes of diaphragmatic suture cruroplasty versus biosynthetic mesh reinforcement in robotic hiatal and paraesophageal hernia repair. <i>Surg Endosc.</i> 2024 Nov;38(11):6476-6484.	Phasix® ST	503	12	Phasix 17.2% Suture 42.2%	

These articles are organized by longest to shortest term follow up.

Revision date: January 10, 2025

* QOL= Quality of Life

** BD funded

Phasix® ST Mesh INDICATIONS: Phasix™ ST Mesh is indicated for use in the reinforcement of abdominal soft tissue, where weakness exists, in ventral and hiatal hernia repair procedures. **CONTRAINDICATIONS:** Because Phasix™ ST Mesh is fully resorbable, it should not be used in repairs where permanent wound or organ support from the mesh is required. **WARNINGS:** 1. Mesh manufacture involves exposure to tetracycline hydrochloride and kanamycin sulfate. The safety and product use for patients with hypersensitivities to these antibiotics is unknown. Use of this mesh in patients with known allergies to tetracycline hydrochloride or kanamycin sulfate should be avoided. 2. Ensure proper orientation; the coated side of the mesh should be oriented against the bowel or sensitive organs. Do not place the uncoated mesh side against the bowel. There is a risk for adhesion formation or erosions when the uncoated mesh side is placed in direct contact with the bowel or viscera. (Reference Surface Orientation section). 3. The safety and effectiveness of Phasix™ ST Mesh in bridging repairs has not been evaluated or established. 4. The safety and effectiveness of Phasix™ ST Mesh in laparoscopic/robotic ventral hernia repair procedures has not been evaluated or established. 5. The use of any mesh or patch in a contaminated or infected wound could lead to fistula formation and/or extrusion of the mesh and it is not recommended. 6. If an infection develops, treat the infection aggressively. Consideration should be given regarding the need to remove the mesh. An unresolved infection may require the removal of the mesh. 7. To prevent recurrences when repairing hernias, mesh should be sized with appropriate overlap for the size and location of the defect, taking into consideration any additional clinical factors applicable to the patient. Careful attention to mesh fixation placement and spacing will help prevent excessive tension or gap formation between the mesh and fascial tissue. 8. For hiatal hernia repair, the use of Phasix™ ST Mesh circumferentially around the esophagus is not recommended. 9. For hiatal hernia repair, the use of Phasix™ ST Mesh to bridge the hiatus is not recommended. 10. The safety and effectiveness of Phasix™ ST Mesh in the following applications has not been evaluated or established: a. Pregnant or breastfeeding women. b. Pediatric use. 11. Product should be used once exterior foil pouch has been opened. Do not store for later use. 12. Unused portions of the mesh should be discarded. If unused mesh has been in contact with instruments or supplies used on a patient or contaminated with body fluids, discard mesh with care to prevent risk of transmission of viral and other infections. 13. This mesh is designed for single use only. Reuse, resterilization, reprocessing and/or repackaging of any portion of the Phasix™ ST Mesh may compromise the structural integrity and/or essential material and design characteristics that are critical to the overall performance of the mesh and may lead to mesh failure which may result in injury to the patient. Reuse, reprocessing, resterilization, or repackaging may also create a risk of contamination of the mesh and/or cause patient infection or cross infection, including, but not limited to, the transmission of infectious diseases from one patient to another. Contamination of the mesh may lead to injury, illness, or death of the patient or end user. 14. This mesh is supplied sterile. Prior to use, carefully examine package and product to verify neither is damaged and that all seals are intact. Do not use if the foil pouch or package is damaged or open, or if the center of the temperature indicator on the foil pouch is black. 15. This mesh is not for the use of repair of pelvic organ prolapse via transvaginal approach. 16. This mesh is not for the use of treatment of stress urinary incontinence. 17. This mesh is not for use of repair of neural and cardiovascular tissue. 18. Phasix™ ST Mesh has not been studied for use in breast reconstructive surgeries. **PRECAUTIONS:** 1. Please read all instructions prior to use. 2. Only physicians qualified in the appropriate surgical techniques should use this mesh. Users should be familiar with strength and mesh size requirements. Improper selection, placement, positioning and fixation of the mesh can cause subsequent undesirable results. 3. The safety and effectiveness of the mesh has not been evaluated in the presence of malignancies in the abdominopelvic cavity. 4. The safety and effectiveness of Phasix™ ST Mesh in the proximity of existing or excised cancer has not been established. **ADVERSE REACTIONS:** In preclinical testing, Phasix™ ST Mesh elicited a minimal tissue reaction characteristic of foreign body response to a substance. The tissue reaction resolved as the mesh was resorbed. Possible complications may include, but are not limited to, seroma, adhesion, hematoma, pain, infection, inflammation, allergic reaction, hemorrhage, extrusion, erosion, migration, fistula formation and recurrence of the hernia or soft tissue defect. Possible complications in hiatal hernia repair may include esophageal erosion and dysphagia related to crural fibrosis. Please note, not all products, services or features of products and services may be available in your local area. Please check with your local BD representative and consult package insert for more detailed safety information and instructions for use.

BD Switzerland Sarl

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bd.com

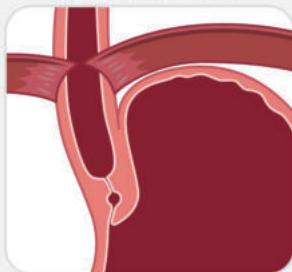
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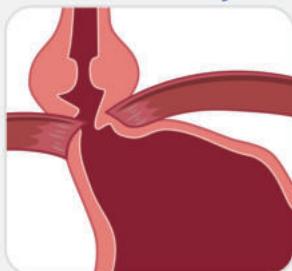
Small Implant, Big Impact

Treating the root cause of acid reflux

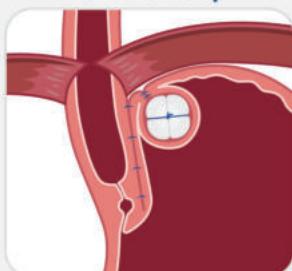
Healthy Anatomy



Failed Anatomy



Restored Anatomy with RefluxStop™



5-Year Clinical Data

PPI Reduction **97.9%**

Free from medication (100% PPI use at baseline)¹

Limited Side-effects **97.9%**

Free from adverse events, dysphagia or odynophagia²

pH Results **90.4%**

Reduction in average acid exposure time¹

Quality of Life **90%**

Improvement based on GERD-HRQL scores³

How it works

Reposition

the lower esophageal sphincter (LES) to its natural position below the diaphragm

Repair

the tear or weakness in the diaphragm (hiatal hernia)

Reconstruct

the natural angle (angle of His) between the stomach and esophagus

Restore

and maintain the body's natural anatomy and physiology that prevents reflux

1. Harsányi, L., Kincses, Z., Veselinović, M. et al. Five-year clinical outcomes of RefluxStop surgery in the treatment of acid reflux: a prospective multicenter trial of safety and effectiveness. *Surg Endosc* 39, 6163–6179 (2025). <https://doi.org/10.1007/s00464-025-11979-9>

2. Harsányi L, Kincses Z, Veselinović M, Zehetner J, Altorjay Á. Food passageway-related sequelae in the RefluxStop prospective multicenter trial: patient-centric outcomes of dysphagia, odynophagia, gas-bloating, and inability to belch and/or vomit at 5 years. *Surg Endosc*. 2025 Jul;39(7):4615-4627. doi: 10.1007/s00464-025-11818-x. Epub 2025 Jun 20. PMID: 40542141; PMCID: PMC12222248.

RefluxStop™ is not available for sale in all regions. Please contact your Implantica representative for availability in your region. Customer.support@implantica.com

Scan to learn more about RefluxStop™



Follow us on LinkedIn:
<https://www.linkedin.com/company/refluxstop>



RefluxStop™ Symposium

Thursday November 6, 13:00 - 13:40

Excellent long-term outcomes

What have we learned from long-term data?

- 5-year safety and effectiveness data (published)
- 602 patients (real-world data from 22 centers in Europe)
safety data overview

Now let's hear from the **panel** and discuss:



DR. MED. BORBÉLY

INSELSPITAL
UNIVERSITÄTSKLINIK BERLIN
HÔPITAL UNIVERSITAIRE DE BERLIN



DR. MED. ELSHAFEI

ST. ELISABETHEN KRANKENHAUS
FRANKFURT



DR. MED. LEHMANN

KLINIKUM
FRIEDRICHSHAFEN



PROF. SCHOPPMANN

MEDICAL UNIVERSITY
OF VIENNA

Mechanism of action:

How does it differ from current techniques,
and why do we see excellent results?



Patient selection

Who should be considered for RefluxStop™?



Future data development - RCT Nissen vs RefluxStop™

What & Why?

RefluxStop™ BY Implantica

RefluxStop™ is not available for sale in all regions. Please contact your Implantica representative for availability in your region. Customer.support@implantica.com

Scan to learn more
about RefluxStop™



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- www.x.com/RefluxStop
- www.threads.com/@refluxstop



PROGRAM

Wednesday, November 5th 2025.

11.30 - 18.00 REGISTRATION

12:00-13:00 LIGHT LUNCH

PRE CONFERENCE EDUCATIONAL COURSE

Supported by MEDTRONIC

MASTERING ENDOFLIP™ - FROM FUNDAMENTALS TO CLINICAL APPLICATIONS

Chair: Prof. dr Daniel Pohl (SUI)

Speakers: Prof.dr Sebastian Schoppmann (AUT), Dr Rami Swiss (UK), Dr. Abrie Botha (USA), Dr Rehan Haidry (UK)

13:00-13:10 Welcome and course overview

Prof. Daniel Pohl (SUI)

13:10-13:40 Role of Endoflip™ planimetry system in POEM

Dr. Rehan Haidry (UK)

13:40-14:20 Optimizing surgical outcomes with Endoflip™ (fundoplication & heller myotomy)

Dr. Abrie Botha (USA)

Prof. Sebastian Schoppmann (AUT)

14:20-14:40 Wrap-up and Q&A

Prof. Daniel Pohl & ALL

14:40-15:10 COFFEE BREAK

15:10-15:40 Patient treatment & Esoflip™

Dr. Rami Sweis (UK)

15:40-16:40 Practical and hands-on session for GIs

Practical and hands-on session for GI Surgeons

ALL

16:40-17:00 Wrap-up and Q&A

Prof. Daniel Pohl & ALL





BEST PAPERS PRESENTATION

Chairs: Aleksandar Simic (SRB), Reza Asari (AUT)

17.00 - 17.10 C-type fundoplication is a safe and effective method in patients with gastroesophageal reflux disease – one year data on radiologic and clinical follow- up
Lisa Gensthaler, Medical University of Vienna, Austria

17.10 - 17.20 The value of preoperative Ph study and Manometry in decision making in bariatric patients. Preliminary results of a prospective study in a single institute.
Panagiotis Varsos, Hippokratio General Hospital Athens
1st University Surgical Department, Athens, Greece

17.20 - 17.30 Ineffective esophageal motility: bridging the gap between metrics and manifestations
Sofia Katsila, Esophageal Physiology Lab, Hippocrateion General Hospital, Athens

17.30 - 17.40 Is Quality of Life Superior after Subtotal compared to Total Gastrectomy? Clinical outcomes of a retrospective analysis
Evgenia Mela, First Propaedeutic Department of Surgery, National and Kapodistrian University of Athens Hippocrateion General Hospital, Athens, Greece

17.40 - 17.50 Physiology of the gastric conduit post esophagectomy for esophageal malignancy: clinical and manometric evaluation
Konstantinos Salaris, 1st Propaedeutic Surgery Clinic – University of Athens, Hippocrateion General Hospital, Athens, Greece

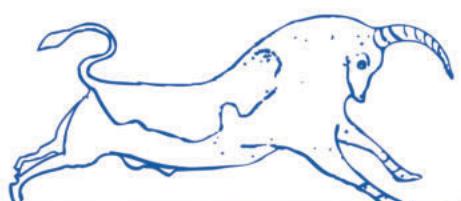
17.50 - 18.00 Evaluating the safety of robotic total gastrectomy with D2 lymphadenectomy for gastric cancer against the conventional laparoscopic approach: a systematic review and meta-analysis
Konstantinos Kossenas, 2nd Department of Propedeutic Surgery, General Hospital of Athens "Laiko," National and Kapodistrian University of Athens

18.00 - 18.10 Magnetic Sphincter Augmentation Provides Comparable Long-Term Outcomes to Fundoplication with Notable Functional Advantages: A Meta-Analysis
Karla D. Chávez, Houston Methodist Research Institute, USA

18.30 - 19.00 EFS EXECUTIVE COMMITTEE MEETING

20.00 - 23.00 EFS Greek dinner/cocktail for all

Lithos Tavern
Aisopou 17, Athens Post Code 105-54





Thursday, November 6th 2025.

07.30 - 17.00 REGISTRATION

08.00 - 09.00 OPENING OF THE EFS ATHENS 2025

EFS Chairman of the Board

Sebastian Schoppmann

EFS President

Dimitris Theodorou

AFS President

Dan Lister

EFS LIFETIME ACHIEVEMENT AWARD

A. Mantides, (GRE)

INTRODUCTORY LECTURE:

Aletheia and the concept of phenomenology:

Implications for management of esophageal disease

Martin Riegler (AUT)

UNDERSTANDING ANTIREFLUX BARIER

Chairs: Reginald Bell (USA), Manolakis Anastasios (GRE)

09.00 - 09.15 Anatomy & Function of ARB

Adam Chwiesko (POL)

09.15 - 09.30 Endoscopic Evaluation of ARB

Rocio Temino Lopez (ESP)

09.30 - 09.45 Impact of interventional procedures on ARB

Alberto Aiolfi (ITA)

09.45 - 10.00 Evaluation Management of Recurrence

Christian Gutschow (SUI)

10.00 - 10.30 Discussion





INDUSTRY EDUCATIONAL SYMPOSIUM - MEDTRONIC COFFEE & LEARN

Advances in Achalasia Management: Diagnostics and Therapeutic Procedures

Speakers: Dr. Tania Triantafyllou, Prof. John Lipham
Chair: Dr. Rehan Haidry

11.00 - 11.10 Optimizing Diagnosis in Achalasia: Insights and Tools for Accurate Assessment

Dr. Tania Triantafyllou (GRE)

11.10 - 11.20 Advancing Achalasia Treatment: Practical Approaches with the EndoFlip 300

Prof. John Lipham (USA)

11.20 - 11.30 Discussion & Q&A

ALL

KEYNOTE LECTURE

Prologue: Sebastian Schoppmann

11.00 - 11.30 Evolution of GERD Management

John Lipham (USA)

STATE OF THE ART MANAGEMENT OF GERD

Chairs: Aleksandar Simic (SRB), Xeromeritou M (GRE)

11.30 - 11.45 Lifestyle Modifications & Physiotherapy

Alberto Aiolfi (ITA)

11.45 - 12.00 New Drugs & Long Term Use

Joachim Labenz (GER)

12.00 - 12.15 Endoscopic Management of GERD

Rehan Haidry (UK)

12.15 - 12.30 Contemporary Antireflux Surgery

Reginald Bell (USA)

12.30 - 13.00 Discussion





INDUSTRY EDUCATIONAL SYMPOSIUM – IMPLANTICA

13.00 - 13.40 “REFLUX STOP™” for GERD: Excellent long - term outcomes

Speakers: Moustafa Elshafei (GER), Thorsten Lehman (GER), Sebastian Schoppmann (AUT)

INDUSTRY EDUCATIONAL SYMPOSIUM - MERIT MEDICAL

13.45 – 14.15 “European experience on endoscopic GERD treatment with Esophyx Z+”

Moderators: Dr. Rehan Haidry, Prof Aleksandar Simic

Speaker: Prof Salih Boga

14.15 - 15.15 LUNCH BREAK

14.45 - 15.15 POSTER SESSION - SMALL BALLROOM A

Moderator: Varsos Panayiots

PP1 Recurrent Diaphragmatic Hernia Post Lap. RY Gastric Bypass; A matter of Debate leading to lot of morbidities

Ayman M. Shaker Soliman

PP2 VacStent as a novel therapeutic approach for esophageal perforations and anastomotic leaks - A systematic review of the literature

Dimitrios Kehagias, NHS Hull University Teaching Hospitals, UK

PP3 Celiac Disease and Gastroesophageal Reflux Disease – Clinical Overlap and Diagnostic Challenges General Hospital Novi Pazar

Samir Vučelj, General Hospital Novi Pazar

PP4 Familial Ménétrier Disease: A challenging clinical presentation in the absence of guidelines for surveillance protocols and treatment

Chatzopoulou Despoina, Hippocrates General Hospital of Athens

PP5 MINIMALY INVASIVE METHODS FOR PORCELAIN GALLBLADDER OPERATION

Božidar Pocevski, Pharmaceutical-Physiotherapy School, Belgrade, Serbia; Clinic for Digestive Surgery, First Surgical Clinic, UCCS, Belgrade, Serbia

PP6 Total Laparoscopic Colonic interpositioning for corrosive injury of esophagus and stomach

Sohaib Khan, Department of General Surgery Shifa ,International Hospitals Islamabad, Pakistan



ROUND TABLE

EUROPEAN VIEW ON FOREGUT

Chairs: Stephan Attwood (UK), Moustafa Elshafei (GER)

15.15 - 15.30 **Surgery for GERD and hiatal hernia in Europe**
Gilberto Figueiredo (POR)

15.30 - 15.45 **Educational and training programs – past, present & future**
Calin Popa (ROM)

15.45 - 16.00 **Delphi consensus: training and management of GERB**
Diana Schlanger (ROM)

16.00 - 16.15 **Achalasia clinical practice survey**
Ognjan Skrobic (SRB)

16.15 - 16.30 **Q&A**

BARRETT'S ESOPHAGUS

Chairs: Oliver Pech (GER), Gyorgy Lazar (HUN)

16.30 - 16.45 **Screening & Follow-up Strategies**
Michael Smith (USA)

16.45 - 17.00 **Molecular Markers**
Manon Spaander (NL)

17.00 - 17.15 **Barrett screening is it an expensive waste of time?**
Steven Attwood (UK)

17.15 - 17.30 **Management of Dysplasia**
Oliver Pech (GER)

17.30 - 17.45 **Discussion**





EXTRAESOPHAGEAL GERD

Chairs: Caroline Gronnier (FRA), K. Paraskeva (GRE)

17.45 - 18.00 LPR Definition & Contemporary Diagnosis

F. Schnoll - Sussman (USA)

18.00 - 18.15 ARS & prevention of lung transplant rejection

James Gossage (UK)

18.15 - 18.30 LPR. What does ENT add?

Martin Birchall (UK)

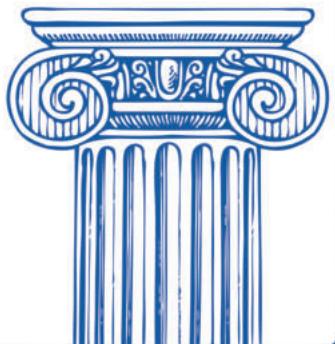
18.30 - 18.45 Discussion

20.00 - 23.00 EFS PRESIDENT'S DINNER

(speakers and industry)

NyN Esti Restaurant

Museum of Contemporary Art Athens





Friday, November 7th 2025.

BEST PAPERS PRESENTATION

Chairs: Aleksandar Simic (SRB), Reza Asari (AUT)

07.45 - 07.55 Long-Term Outcomes of Magnetic Sphincter Augmentation (MSA-LINX) for GERD: Five-Year Follow-Up in the First 96 Patients

Gabriele Pozzo, Department of General Surgery, Ospedale Santa Croce, Moncalieri, Italy

07.55 - 08.05 Comparative outcomes of Toupet fundoplication, magnetic sphincter augmentation (Linx), and RefluxStop®: a single-center analysis of 60 patients

Gabriele Pozzo, Department of General Surgery, Ospedale Santa Croce, Moncalieri, Italy

08.05 - 08.15 MESH-REINFORCED CRUROPLASTY FOR TYPE III-IV HIATUS HERNIA REPAIR: A SINGLE-CENTER EXPERIENCE WITH THE PATIENT-TAILORED ALGORITHM

Sara De Bernardi, University of Milan

08.15 - 08.25 MAGNETIC SPHINCTER AUGMENTATION FOR GASTROESOPHAGEAL REFLUX AFTER SLEEVE GASTRECTOMY: A PROSPECTIVE STUDY

Francesco Cammarata, University of Milan

08.25 - 08.35 Transoral Incisionless Fundoplication (TIF) and cTIF with EsophyX-Z: Feasibility, Safety, and Long-Term Outcomes in 30 GERD Patients

Rocio Temiño López-Jurado, Centro Medico Teknon Grupo Quironsalud

08.35 - 08.45 Evaluating the Reliability of the Los Angeles Classification of Erosive Oesophagitis in Clinical Practice

Shriya Aaytee Cardiff University, UK

08.45 - 08.55 Development of a competency assessment tool for the LINX procedure, as part of a surgical quality assurance programme in surgical trials.

Nainika Menon, University of Oxford





ROBOTICS & FOREGUT

Chairs: Dimitris Theodorou (GRE), Christian Gutschow (SUI)

09.00 - 09.15 **Robotics in Benign Foregut Surgery Pros and Cons**
Beat Muller (SUI)

09.15 - 09.30 **Robotics in Foregut How I do it: Fundoplication**
Stefan Moenig (SUI)

09.30 - 09.45 **Robotics in Foregut How I do it: Myotomy**
Peter Grimminger (GER)

09.45 - 10.00 **Discussion**

KEYNOTE LECTURE

Prologue: Maria Gazouli (GRE)

10.00 - 10.30 **The GUT Microbiome & Reflux. The next paradigm?**
Nicholas Boyle (UK)

10.30 - 11.00 **INDUSTRY EDUCATIONAL SYMPOSIUM - MEDTRONIC**
COFFEE & LEARN

BARRETT'S ESOPHAGUS MANAGEMENT: CLINICAL INSIGHTS ON BARRX RFA

Chair: Prof. Oliver Pech (GER)

Speakers: Prof. George Tribonias (GRE)
Dr. Rehan Haidry (UK)

10.30 - 10.40 **Barrett's Esophagus management and treatment with Barrx RFA 360 express**
Rehan Haidry

10.40 - 10.50 **Barrett's Esophagus follow-up and treatment of small lesions**
Prof. dr. George Tribonias

10.50 - 11.00 **Q&A ALL**





CHALENGING PROBLEMS IN FOREGUT

Chairs: Tribonias George (GRE)

11.00 – 11.15 IEM – Does it Affect GERD Treatment

Dan Lister (USA)

11.15 - 11.30 End-Stage Achalasia

Davide Bona (ITA)

11.30 - 11.45 Non-malignant esophageal structures

Rehan Haidry (UK)

11.45 - 12.00 Post-Surgical leaks

Seung-Hun Chon (GER)

12.00 - 12.15 Discussion

ROUND TABLE

12.15 - 13.15 WOMAN & FOREGUT

Felice Schnoll Sussmann (USA), Dagmar Kollmann (AUT)

Women in the academic field of Uper GI surgery and gastroenterology – where do we stand?

Dagmar Kollmann (AUT)

Panel Discussion:

Breaking Barriers & Building Careers in Uper GI Surgery and Gastroenterology

Felice Schnoll- Sussman, Dagmar Kollmann, Styliani Mantziori

Small group breakout

Report Back & Closing

INDUSTRY EDUCATIONAL SYMPOSIUM - BD

“Hiatal Hernia Repair with mesh - Why, When, and How”

Speaker: Calin Popa (ROM)





INDUSTRY EDUCATIONAL SYMPOSIUM - LABORIE

13.45 – 14.00 Solar Compact: A New Portable High-Resolution Manometry System
Speaker: Albert Meek

14.00 – 15.00 LUNCH BREAK - CONGRESS HALL, EXIBITION AREA

POSTER SESSION - SMALL BALLROOM A

Moderator: Varsos Panayiots

PP7 First impressions, second chances in esophageal perforations: treatment pathways and outcome prediction
Daniel Solomon, Division of General Surgery, Assuta Ashdod , University Hospital, Ashdod, Israel affiliated with the Faculty of Health Sciences, Ben Gurion University

PP8 MODIFIED DOR FUNDOPLICATION IN ACHALASIA PATIENTS: 10-YEAR FOLLOW-UP OUTCOMES FROM A HIGH-VOLUME CENTRE
Eleni Kitsou Propaedeutic Surgical Unit, Hippocratio Hospital, University of Athens

PP9 Robotic Hiatal Hernia Surgery Using the CMR Versius System: Safety and Feasibility
Yusef Moulla, Head of UGI-Surgery, Klinikum Chemnitz, (FEBS-UGI)

PP10 Indocyanine green (ICG) during sleeve gastrectomy: results from a single-center
Konstantinos Polyzois, Third Department of Surgery, Evangelismos, General Hospital of Athens

PP11 ESOPHAGEAL ACHALASIA - LAPAROSCOPIC HELLER MYOTOMY: 25 YEAR SINGLE-INSTITUTION EXPERIENCE
Eleni Raka, Evangelismos Athens General Hospital, Athens

PP12 THE USE OF INDOCYANINE GREEN (ICG) IN LAPAROSCOPIC SLEEVE GASTRECTOMY
Eleni Raka, Evangelismos Athens General Hospital, Athens





OBESITY & FOREGUT

Chairs: Ognjan Skrobic (SRB), P. Varsos (GRE)

15.00 - 15.15 **Obesity & GERD**
Styliani Mantziari (SUI)

15.15 - 15.30 **PostBariatric Procedure GERD pathophysiology**
Dagmar Kollmann (AUT)

15.30 - 15.45 **PostBariatric Procedure GERD management**
Maja Odovic (ESP)

15.45 - 16.00 **Discussion**

KEYNOTE LECTURE

Prologue: Mustafa Elshafei (GER)

16.00 - 16.30 **New Technologies in the Training and Practice of Foregut Disease**
Scheraz Markar (UK)

UPDATES ON FOREGUT

Chairs: Philip Katz (USA), Karamanolis George (GRE)

16.30 - 16.45 **Eosinophilic esophagitis**
Rami Sweiss (UK)

16.45 - 17.00 **New Insights in Achalasia Etiology**
Ines Gockel (GER)

17.00 - 17.15 **Evaluation TBE / HRM / ENDOFLIP**
Daniel Pohl (SUI)

17.15 - 17.30 **Eckardt Score Revisited**
Tania Triantafyllou (GRE)

17.30 - 17.45 **Evaluation & Therapy of Delayed Gastric Emptying**
Moustafa Elshafei(GER)

17.45 - 18.00 **Discussion**





18.00 - 18.45 **FINAL WORDS**

This was EFS Athens 2025

Dimitris Theodorou

This will be EFS Zurich 2026

Christian Gutschow, Daniel Pohl

Closing Remarks

EFS Board





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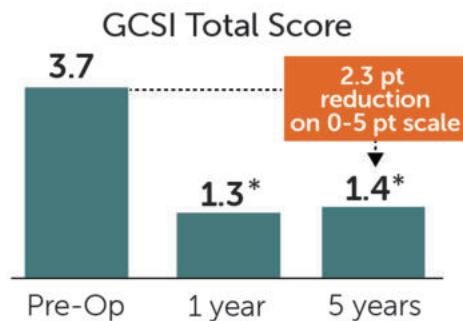
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[†] Patient cohort (n=141) with baseline/1-year follow-up data; Adopted from Dr. Michael Awad Podium Presentation. American Foregut Society Annual Meeting. Sept 2024

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1. Soykan I, Sivri B, Sarosiek I, et al. Demography, clinical characteristics, psychological and abuse profile, treatment and long-term follow-up of patients with gastroparesis. *Dig Dis Sci*. 1998;43:2398-2404.

2. Cassidy DJ, Gerull W, Zike VM, Awad MM. Clinical Outcomes of a Large, Prospective Series of Gastric Electrical Stimulation Patients Using a Multidisciplinary Protocol. *J Am Coll Surg*. April 2024.

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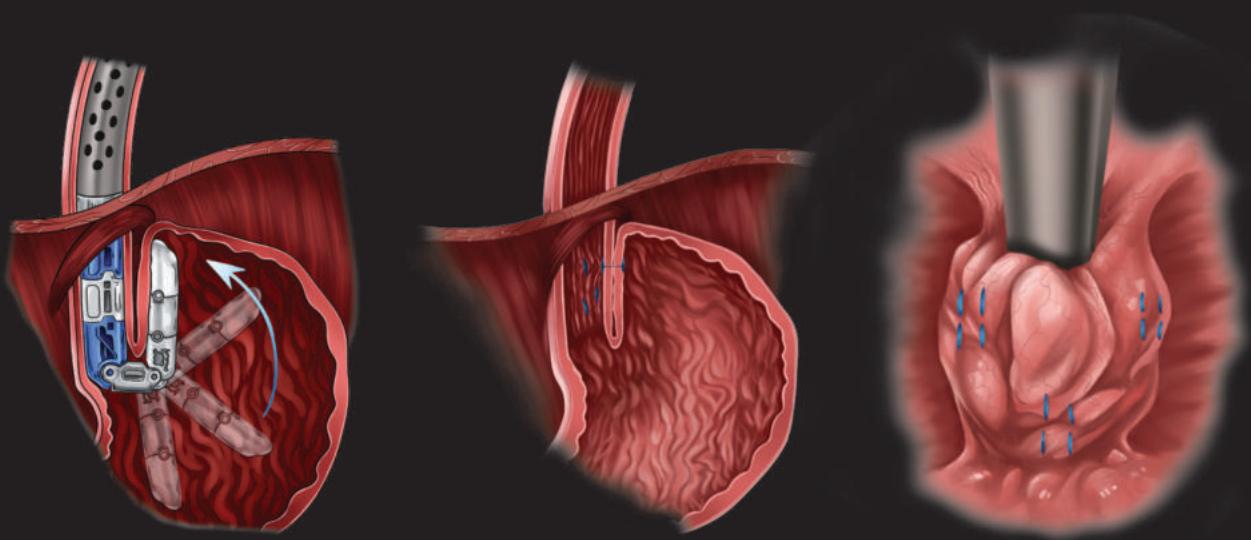
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