

Erratum to: Fundoplication versus medical management of gastroesophageal reflux disease: systematic review and meta-analysis

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The paper includes an error related to the prevalence of GERD symptoms as reported by Galmiche et al. [25] in Table 5. It should read as follows:

Author	Instrument	Symptom	Follow-up time (years)	More frequent in	Reported effect estimate
Galmiche et al. [25]	Prevalence of GERD symptoms	Dysphagia	5	Surgical group	5 versus 11 %; $p < 0.001$
		Bloating	5	Surgical group	28 versus 40 %; $p < 0.001$
		Flatulence	5	Surgical group	40 versus 57 %; $p < 0.001$

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Results section, GERD-related symptoms:

Three studies reported flatulence/bloating to be more frequent after surgical intervention [17, 23, 24, 25], whereas two publications did not find a difference between the study arms [15, 22], and **one** additional publication reported higher rates for the medical arm [20].

Discussion section, 2nd paragraph:

However, the prevalence of dysphagia, **flatulence and bloating** tended to increase after fundoplication, and the results for **other** symptoms associated with the surgical intervention such as inability to belch or vomit, abdominal fullness, or increased abdominal girth were inconsistent.

Reference

25. Galmiche JP, Hatlebakk J, Attwood S, Ell C, Fiocca R, Eklund S, Langström G, Lind T, Lundell L, LOTUS Trial Collaborators (2011) Laparoscopic antireflux surgery vs. esomeprazole treatment for chronic GERD: the LOTUS randomized clinical trial. *JAMA* 305:1969–1977