

UG09 Laparoscopic Nissen Fundoplication

Expires end of May 2015
Issued December 2013

You can get information locally by contacting the Senior Nurse on duty at your local Ramsay Health Care hospital or treatment centre.

Get more information, references and share your experience at www.aboutmyhealth.org
Tell us how useful you found this document at www.patientfeedback.org



www.rcseng.ac.uk

www.rcsed.ac.uk



www.asgbi.org.uk



www.pre-op.org

What is acid reflux?

Acid reflux is a condition where acid from your stomach travels up into your oesophagus (gullet). It is normal for a small amount of acid to travel into your oesophagus. If this happens too often it can cause symptoms of a burning sensation in your chest ('heartburn') or acid in the back of your mouth. The acid can cause the lining of your oesophagus to become inflamed (oesophagitis) or scarred.

Your surgeon has recommended an operation to prevent the acid from travelling into your oesophagus. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

How does acid reflux happen?

At the join between your stomach and oesophagus there is a weak valve that prevents acid from travelling up into your oesophagus. Sometimes this valve does not work effectively, causing acid reflux (see figure 1).

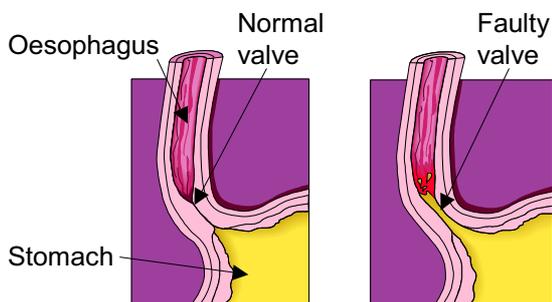


Figure 1

A normal valve and a faulty valve at the junction of the stomach and the oesophagus

Your oesophagus normally passes through a hole in your diaphragm. Acid reflux is commonly associated with a hiatus hernia, where the top of your stomach passes through the hole in your diaphragm (see figure 2).

What are the benefits of surgery?

You should get relief from symptoms of acid reflux.

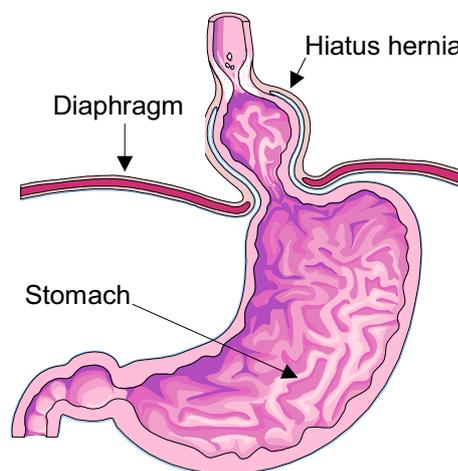


Figure 2

Hiatus hernia

Are there any alternatives to surgery?

Medication that lowers the acid content in your stomach is effective at controlling symptoms and healing the inflammation in your oesophagus. Medication called 'proton pump inhibitors' is currently the most effective and is the main treatment for acid reflux. Surgery is recommended only if the symptoms continue while you are taking the medication, or if you feel that you would prefer to have an operation than take medication for the rest of your life.

What will happen if I decide not to have the operation?

Surgery is not essential and you can continue on the medication to control your symptoms. It is important to follow the eating and drinking instructions that your doctor gives you. You should eat smaller meals and avoid chocolate, caffeine and alcohol. Try to eat at regular times and not in the two hours before you go to sleep.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having. The operation is performed under a general anaesthetic and usually takes one to two hours. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

Your surgeon will use laparoscopic (keyhole) surgery as this is associated with less pain, less scarring and a faster return to normal activities.

Your surgeon will make a small cut on or near your umbilicus (belly button) so they can insert an instrument in your abdominal cavity to inflate it with gas (carbon dioxide). They will make several small cuts on your abdomen so they can insert tubes (ports) into your abdomen. Your surgeon will insert surgical instruments through the ports along with a telescope so they can see inside your abdomen and perform the operation (see figure 3).

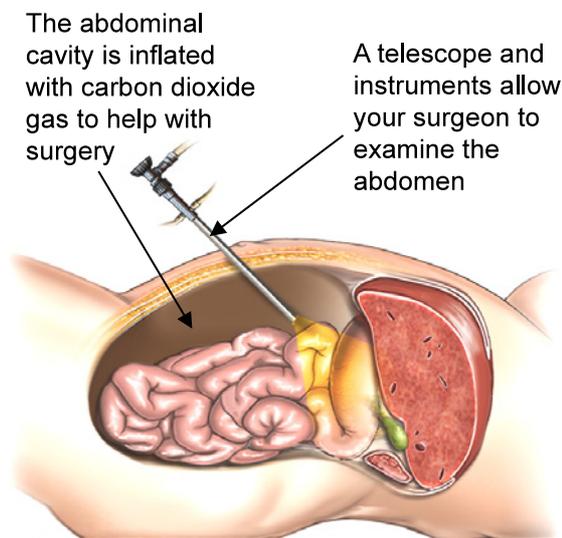


Figure 3

The technique for laparoscopic surgery

Your surgeon will hold your liver out of the way and free up the upper stomach and lower oesophagus, along with the muscular part of your diaphragm.

They will stitch your diaphragm to reduce the size of the hole your oesophagus passes through.

Your surgeon will wrap and stitch the top part of your stomach around your lower oesophagus, to produce a valve effect (see figure 4).

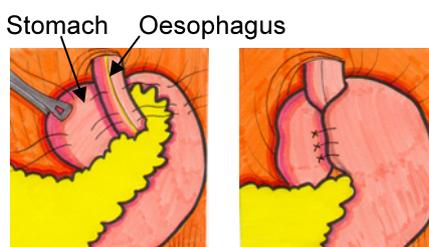


Figure 4

The stomach stitched around the oesophagus to prevent acid travelling up into the oesophagus

For about 1 in 10 people it will not be possible to complete the operation using keyhole surgery.

The operation will be changed (converted) to open surgery, which involves a larger cut on your upper abdomen.

Your surgeon will remove the instruments and close the cuts.

What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death (risk: 1 in 500).

Using keyhole surgery means it is more difficult for your surgeon to notice some complications that may happen during the operation. When you are recovering, you need to be aware of the symptoms that may show that you have a serious complication. You should ask your doctor if there is anything you do not understand.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about and cough freely. After keyhole surgery, it is common to have some pain in your shoulders because a small amount of carbon dioxide gas may be left under your diaphragm. Your body will usually absorb the gas naturally over the next 24 hours, which will ease the symptoms.
- Bleeding during or after the operation. You may need a blood transfusion or another operation.
- Unsightly scarring of your skin.
- Developing a hernia in the scar, if you have open surgery, caused by the deep muscle layers failing to heal. This appears as a bulge or rupture called an incisional hernia. If this causes problems, you may need another operation.
- Infection of the surgical site (wound). It is usually safe to shower after two days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, let the healthcare team know straightaway. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

3 Specific complications of this operation

a Keyhole surgery complications

- Damage to structures such as your bowel, bladder or blood vessels when inserting instruments into your abdomen (risk: less than 3 in 1,000). The risk is higher if you have had previous surgery to your abdomen. If an injury does happen, you may need open surgery. About 1 in 3 of these injuries is not obvious until after the operation.
- Developing a hernia near one of the cuts used to insert the ports (risk: 1 in 100). Your surgeon will try to reduce this risk by using small ports (less than a centimetre in diameter) where possible or, if they need to use larger ports, using deeper stitching to close the cuts.
- Surgical emphysema (crackling sensation in your skin caused by trapped carbon dioxide gas), which settles quickly and is not serious.

b Nissen fundoplication complications

- Pneumothorax, where air escapes into the space around your lung. Sometimes the air will need to be let out by inserting a tube in your chest (chest drain).
- Making a hole in your oesophagus or stomach, which needs repairing (risk: 1 in 100).
- Tear of the stitches used for the wrap, if you retch (strain to be sick) or vomit in the first few weeks. This may cause the wrap to become loose. Sometimes a tear can make a hole in your stomach that will need to be repaired by surgery straightaway.
- Damage to your liver when holding it out of the way (risk: 5 in 100). If the damage is serious, you may need another operation.
- Damage to your spleen (risk: 1 in 50). Your spleen may need to be removed.
- Difficulty swallowing for a few months because the site where your stomach is wrapped around your oesophagus is inflamed. This is common and you should be able to swallow most foods normally by three months.

Long-term problems

- Continued difficulty swallowing where you cannot swallow most foods normally (risk: 5 in 100). If you find that food such as bread and meat get stuck, avoid them.
- Incomplete control of reflux symptoms, if the wrap is not tight enough or becomes loose (risk: less than 5 in 100). This may settle with medication.

- Weight loss during the first two months. It is normal to feel fuller than usual and you may be able to eat only small meals. Sit upright when you eat and take a drink with your meal to help the food go down. Eat more often than before to try to keep your weight up. If you do lose weight, you will usually put it back on. If you have any concerns about your diet, ask the dietician.
- Abdominal discomfort (risk: 3 to 5 in 10). You will probably not be able to burp as usual, which can cause gas to build up in your abdomen. You may pass more wind than usual.
- Diarrhoea (risk: less than 3 in 100). If loose or more frequent stools are troublesome, your doctor may give you some medication to slow down your bowel.

If any of these problems are severe and continue for over three months, you may need another operation (risk: less than 5 in 100). If you have these symptoms for over three months, let your surgeon know.

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area and then to the ward.

You will be given anti-sickness medication. You will be able to drink from the first day and then you will go on a soft diet. You should no longer need to take your acid-reducing medication.

You should be able to go home the next day. However, your doctor may recommend that you stay a little longer, particularly if the operation was converted to open surgery.

You need to be aware of the following symptoms as they may show that you have a serious complication.

- Pain that gets worse over time or is severe when you move, breathe or cough.
- A high temperature or fever.
- Dizziness, feeling faint or shortness of breath.
- Feeling sick or not having any appetite (and this gets worse after the first one to two days).
- Not opening your bowels and not passing wind.
- Swelling of your abdomen.
- Difficulty passing urine.

If you do not continue to improve over the first few days, or if you have any of these symptoms, let the healthcare team know straightaway. If you are at home, contact your surgeon or GP. In an emergency, call an ambulance or go immediately to your nearest Emergency department.

• Returning to normal activities

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

You will need to eat slowly and chew your food thoroughly. Eat only soft foods for a few weeks, gradually moving on to a normal diet when you can cope with it. Do not have fizzy drinks.

You should be able to return to work after three to four weeks, depending on the extent of surgery and your type of work.

Your doctor may tell you not to do any manual work for a while. Do not lift anything heavy for a few weeks.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

• The future

You should make a full recovery, with the symptoms of acid reflux gone or much improved.

Summary

Acid reflux can cause heartburn or acid in your mouth. The acid can cause the lining of your oesophagus to become inflamed or scarred. Surgery may be recommended if your symptoms continue while you are taking medication. Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.

Acknowledgements

Author: Mr Simon Parsons DM FRCS (Gen. Surg.)
 Illustrations: Hannah Ravenscroft RM, Medical Illustration Copyright © 2012 Nucleus Medical Art. All rights reserved. www.nucleusinc.com and LifeART image copyright 2012 Wolters Kluwer Health, Inc.-Lippincott Williams & Wilkins. All rights reserved

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.