

Information for patients undergoing surgery for gastro-oesophageal reflux disease

(Laparoscopic Nissen fundoplication)

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Wash your hands with soap and warm water and dry thoroughly. Use hand gel, if provided, in care facilities.
- If you have symptoms of diarrhoea and vomiting stay at home and do not visit relatives that are vulnerable in hospital or in residential care. You will spread the illness.
- Keep the environment clean and safe. Let's work together to keep it that way. Prevention is better than cure.

Who is this leaflet for?

This leaflet provides information if you are considering surgery for gastro-oesophageal reflux disease. It explains what the surgery involves, how it is undertaken and what happens before and after the procedure.

What is anti-reflux surgery?

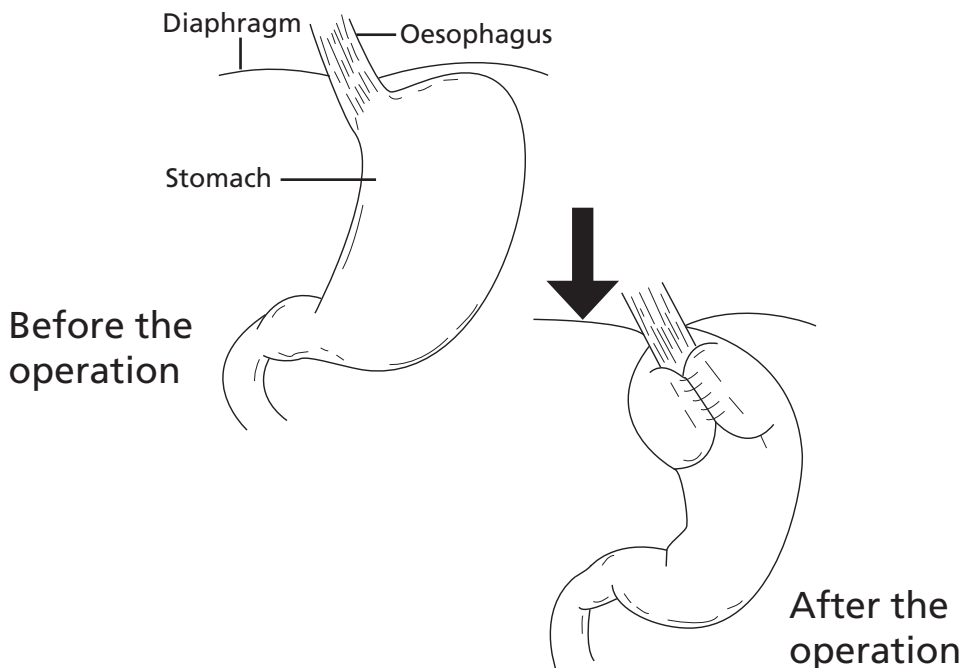
Anti-reflux surgery or a laparoscopic Nissen fundoplication (as it is also known) is an operation to correct the reflux of acid up into the gullet from the stomach using the “keyhole” procedure.

What are the benefits of having anti-reflux surgery?

Studies have shown that in over 90% of individuals, having this type of operation successfully prevents the reflux of acid. However, there is no guarantee. The majority of patients do not need to take anti-acid medication following the surgery.

What does the operation involve?

The operation involves four or five small incisions (cuts) which allow the end of a camera and instruments to be passed into your abdomen. The procedure will take place under general anaesthetic. The upper part of the stomach is wrapped around the lower part of your gullet to prevent the reflux of stomach contents.



Do I need to do anything before the operation?

You may already have undergone a variety of tests such as endoscopy, manometry and pH studies. These tests will have shown the surgeon how effectively your gullet works and how much acid refluxes into your gullet each day.

If you decide to have the operation, you will come to a pre-operative assessment clinic approximately one week before your surgery. Here the doctors and nurses will ask you a variety of questions to make sure you are fit for the surgery. These include your past medical history and general state of health.

You may have investigations including blood tests, X-rays and heart tests. The doctor / nurse will also conduct an examination of you and will request a urine sample for routine testing. You will be screened for MRSA infection by having swabs taken from your skin.

You should ensure that you have some simple painkillers at home ready for when you are discharged. Paracetamol, or paracetamol with codeine are suitable provided you are not allergic to these medications. If you are unsure which painkillers might be suitable please speak to any member of the nursing or medical staff.

What should I do the day before the operation?

You should not have anything to eat or drink for at least six hours before the procedure. This is to prevent you choking on any fluid or food particles whilst you are under the anaesthetic.

How long will the operation take?

It will normally take about one hour. However, there is a possibility that it may take longer should there be any complications.

Will the operation be done using the keyhole procedure?

It is intended that the operation will be done laparoscopically ("keyhole procedure").

Before the surgery, your surgeon will discuss with you what will happen if the operation cannot be performed this way. If you have had previous surgery and scar tissue has formed, or if problems such as bleeding occur, then the surgeon may need to do an open procedure. The main reason for the open procedure is because it would be unsafe to continue with the keyhole procedure. You must consent to an open operation if necessary, otherwise your surgery cannot go ahead.

How long will I have to stay in hospital?

If your surgery is done using the laparoscopic approach ("keyhole procedure") you will be treated as a daycase. This means that you will be discharged home on the same day as the procedure is carried out. You must however make sure that there is a responsible adult available to stay with you for 24 hours after the anaesthetic.

Occasionally patients may take a little longer to recover and may need to stay in overnight so you should bring an overnight bag with you just in case.

If your surgery is done using the open procedure, then three to four days is an average length of stay.

Will I have a big scar?

Minimal scarring occurs when using the keyhole procedure. A larger cut is made when the open procedure is used.

Will I be able to drink after the procedure?

You should be able to drink normally and start a soft diet within a few hours of returning to the ward. However if the surgeon has given any specific instructions for you the nursing staff will inform you of these.

Will I experience any pain?

You may experience some discomfort after the operation and you will be provided with painkillers to ease this. A nurse will be present to reassure you.

Will I feel sick after the operation?

You may feel sick after the operation but you will be given anti-sickness drugs to ease this. A nurse will be present to reassure you.

Will I be attached to any tubes?

You will have an oxygen mask with oxygen therapy following the operation. This is routine following surgery and helps with your breathing after the anaesthetic.

You will also have a fine tube inserted into your vein through which you will be given fluids.

You may have a tube that passes through your nose into your stomach. This helps drain any excess contents from your stomach.

Will I have any stitches or wound drains?

You will have stitches which are normally dissolvable. They will be covered with dressings. Try to keep the dressings on for 48 hours to reduce the risk of infection.

Once they have been removed you may have a bath or shower but you should use unscented toiletries until the wound sites have completely healed.

A wound drain is not usually required.

Will I have any tests after the operation?

You may have an X-ray to check your ability to swallow. This depends on the surgeon's specific requirements.

What sort of food will I be able to eat?

When you are able to drink normally, the doctors and nursing staff will advise when you may eat. You can slowly start eating a soft or liquidised diet. A nurse will come and talk to you and advise you what to eat and drink.

In normal working hours the upper gastrointestinal specialist nurse will come and talk to you and advise you what to eat and drink. If you are discharged late in the day, the nurse may contact you at home the next working day. You may be referred to a dietician if you have any specific concerns regarding certain foods or special needs.

What are the risks of having the operation?

All surgery and anaesthesia carries risks and there are complications which may occur. These may include:

- Perforation (tear) of the gullet or stomach
Perforation of the gullet or stomach can occur and may require further surgery.
- Infection

Antibiotics are not usually required but may be given if necessary.

It is important that you breathe deeply following your operation to reduce the risk of a chest infection. The nursing staff will be available to advise you on simple exercises to help. It is important to sit upright following an anaesthetic and you will be encouraged to sit out in a chair shortly after your operation.

Blood clots

To reduce the risk of developing blood clots in your legs, you may be fitted with compression stockings to promote good circulation when you are lying down. During the surgery, inflatable stockings will automatically assist in encouraging blood flow in your legs.

You should move your legs and ankles whilst sitting and lying to encourage good circulation. It is extremely important that you move around the ward as soon as possible after your operation. Nursing support is available to help with your mobility following surgery.

You will also be given injections to help reduce the risk of your blood clotting.

Bleeding

If bleeding occurs, it will usually be dealt with during the surgery. Occasionally, bleeding can occur after an operation has finished and this may require a further operation.

If you are concerned about any signs of bleeding after you go home, please contact either the number given to you by the ward you were discharged from, the emergency surgical unit, your GP or NHS 111.

Are there any side effects relating to the surgery?

You are likely to experience some:

Difficulty in swallowing

You are advised to chew your food well and maintain a soft diet until it becomes easier to swallow.

If your swallowing does not improve over time, then you may require an endoscopy.

Belching

This is normal and should settle down but it may take up to three months. We advise you to avoid fizzy drinks if you find it difficult to belch.

Bloating

This is normal and should settle down but it may take up to three months.

Excess wind

You may find that you are passing more wind from your back passage after the operation.

Will I have any problems going to the toilet after the operation?

You should not have any problems passing water but you may experience constipation following the operation. Nursing staff can advise how to prevent / treat this.

Are there any alternatives to having anti reflux surgery and what if I decide to have no treatment?

If you choose not to have surgery, you will remain on anti-acid medication. You may however remain at risk of developing further problems.

Shared decision making

The choice about which treatment is best for you will be made together with your doctor. This will be based on the risks and benefits of the treatment and your individual circumstances.

What will happen when I am discharged?

Once you are independent, eating and drinking, you will be discharged home.

It is important that you build up your activity level gradually and rest as well.

You will be reviewed by your surgeon about six weeks after your operation.

If you have any problems following your operation, please contact the upper gastrointestinal clinical nurse specialist on the number listed below.

Will any information be shared with other organisations as a result of this procedure?

Information may be shared with other organisations i.e. your General Practitioner (GP) and/or other hospital, as may be deemed appropriate.

Who can I speak to if I have any concerns?

It is quite usual to feel anxious before the procedure. You may contact your Specialist Nurse or Surgeon, via their Secretary, to discuss any concerns that you have. They will be happy to answer your questions and are available on the numbers listed below.

If you have any personal access needs or require wheelchair access and wish to talk to a member of staff, please call the Upper Gastrointestinal Clinical Nurse Specialist on the number listed below.

Contact Numbers:

Please contact us on the numbers listed below if you have any queries:-

Upper Gastrointestinal Clinical Nurse Specialist: 01902 694466
Monday – Friday (8.30am - 4.30pm)

Consultant Surgeon: 01902 307999 (and ask for the appropriate Consultant Surgeon's Secretary) Monday – Friday (8.00am - 4.00pm)

Emergency Surgical Unit: 01902 694003 / 695003 (24 hours)

Where can I get more information?

NHS 111 - the new number for non-urgent health enquiries.
www.nhs.uk/111

For more information regarding your anaesthetic:-
www.rcoa.ac.uk/patientinfo

Glossary

Endoscope – flexible tube for visualization of body cavities

Incision – cut

Manometry – a test to determine how effectively the gullet works

Oesophagus – gullet or food pipe

Patent – open or not blocked

Perforation – a hole in an intact piece of tissue

pH studies – a study which measures the acid in the stomach/gullet

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。