What happens before the operation?

You will have a pre-operative assessment before you come into hospital for your operation. Various checks will be carried out to ensure you are fit for the operation to go ahead. The operation will be explained to you and the nurses will give you instructions about fasting and about whether you need to stop taking any of your usual medicines. If you have any questions or concerns, this is the time to talk to the doctor or nurse.

Arriving at hospital

On the day of your operation you will be asked to report to Theatre Direct Admissions. Further information will be given to you at your Pre-operative Assessment visit, along with a leaflet about what happens in Theatre Direct Admissions before your operation.

On the ward after the operation

You will wake up in the recovery area. The recovery nurse will check your blood pressure and wound sites. As soon as you are comfortable and your blood pressure is stable, you will be taken to the ward.

On the ward the nurses will monitor your progress and will give you pain relief. You will be encouraged to get up as soon as possible and start to eat a liquid diet – you may have anything to drink except fizzy drinks.

After the operation / going home

The nurses will give you instructions about pain relief and how to look after yourself when you get home.

Do I need a special diet?

You will need to cut up or blend all your food for up to 6 weeks. You should expect to be able to eat only foods which can be swallowed as a paste without any solid lumps (like mince, mousse, cottage pie) during this period. If you try to eat things which have to be swallowed in one lump (for example toast, chicken or steak) there is a risk they will get stuck, which can be very uncomfortable.

We also advise you to avoid fizzy drinks, as burping may be difficult or impossible for a while after surgery. The dietician will visit you on the ward to talk to you about this and to give you some suggestions for foods you can eat.

Driving

You may drive again when you can confidently perform an emergency stop. This is usually after about 10 days. You may also with to check with your insurance company about when you are covered to drive again.

Returning to work and resuming normal activities.

You will need 1-2 weeks off work depending on the nature of your work. You can resume lifting and strenuous exercise after 6 weeks.

Follow-up

We will give you an appointment to see the surgeon in the Outpatients department six weeks after your operation.

Signs to look out for

You should call your doctor if you develop any of the following symptoms:

- A fever
- Unusual degree of pain
- Nausea and vomiting and can not eat properly

The Oesophageal Patients Association
Registered Charity No. 1062461
Caring for the cancer patient & their family

Laparoscopic Fundoplication Anti-Reflux Surgery

(Keyhole surgery to relieve chronic heartburn)

Information for patients

Support Helpline: **0121 704 9860**
(9.00am - 3.00pm Monday to Friday)
Email: **awareness@opa.org.uk** Web: **www.opa.org.uk**

What is a laparoscopic fundoplication anti-reflux surgery?

Laparoscopic (keyhole) anti-reflux surgery is an operation to relieve chronic heartburn when it cannot be controlled with medication and/or lifestyle changes. There are also situations when patients are unable to take long-term medication or suffer from side effects.

What is it for?

The surgery is performed to prevent heartburn, which is an uncomfortable burning feeling that usually starts in the middle of your chest, behind your breastbone, and moves upwards towards your neck and throat. Heartburn is usually caused when the contents of the stomach pass back into the gullet (oesophagus), irritating its sensitive lining. Patients may also report regurgitation into the mouth, hoarse voice or cough.

The causes may include:

- **Gastro intestinal reflux disease** (when acid from the stomach flows back up into the oesophagus due to a lax valve between the oesophagus and stomach)
- **Hiatus hernia** (when part of the stomach slides into your chest cavity loosening the valve between the oesophagus and stomach)
- **Certain foods**, **smoking** and **alcohol** may make the symptoms of heartburn worse. (Alteration in diet and weight loss can minimize symptoms and negate the requirement for surgery. These measures should always be tried first.)
- **Surgery** can relieve your symptoms of heartburn. However, in a small number of cases the symptoms can come back. Please discuss any concerns you may have with your surgeon.

What does the operation involve?

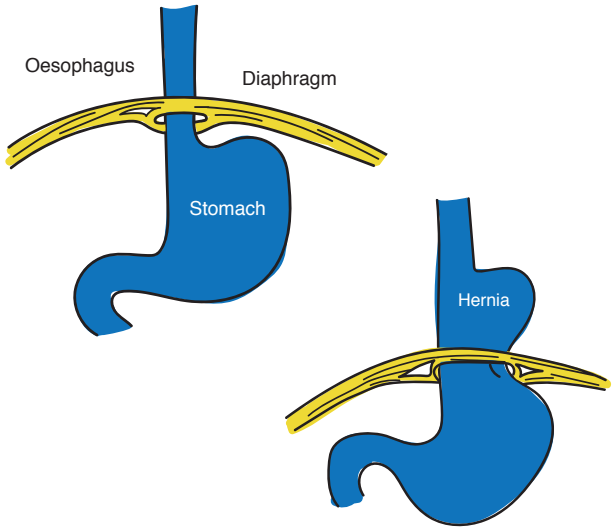
The surgeon will make 4-5 small cuts in your abdomen and insert instruments to carry out the operation. A harmless gas (carbon dioxide) is used to inflate your abdomen to make space for the operation to be performed. This will disperse naturally after the operation.

The surgeon will wrap the top part of your stomach around the lower part of your gullet to form a collar. This tightens the closing mechanism at the lower end of the gullet, creating a one-way valve which prevents stomach acid from moving back into your gullet.

The operation usually takes 60-90 minutes.

In a small number of cases the operation cannot be completed by keyhole surgery. The keyhole surgery is then abandoned and converted to an open operation; this requires a larger incision of 6-10 inches in your abdomen.

You will have stitches that will be either dissolvable or need removing in 7-10 days. This is done by the practice nurse at your GP Surgery. The nurse looking after you will give you further instructions before your discharge.



Anaesthesia

You will have a general anaesthetic – this means that you will be asleep throughout the operation. More details about the anaesthetic will be given to you at your Pre-operative Assessment and by the anaesthetist on the day of surgery.

How long will I stay in hospital?

The surgery can be performed as a day case or with a 1-2 night stay. This may be longer if the open procedure is used.

What are the possible risks?

All operations carry the risk of problems and side-effects.

Specific risks connected to this procedure are:

Injury to the gullet, stomach, blood vessels and nearby organs. These complications are rare and the surgeon may convert to open surgery to repair any damage.1% of patients (1 in 100) may need further corrective surgery to reduce persistent difficult in swallowing and/or abdominal bloating.

A hernia may develop in one of the wound sites (where a part of the bowel sticks out through the weak area of the abdomen) – which may need repairing. This may happen if you put any strain through that area while it is healing.

Common side effects

The most common side effect is difficulty in swallowing. This is common immediately after the operation and gradually improves. The amount of food you consume may be less and you may have to eat more slowly that you did before the operation. Other common side effects are burping, bloating and increased wind (flatus).

Most of these symptoms settle with time.