



**Fundoplication: Truths and** 

**Myths** 

Blog / Fundoplication Truths & Myths

Fundoplication is an operation

stomach around and stitching it

oesophagus. This operation was

1950s and over the years there

have been many variations with

stomach on just the front of the

oesophagus and some just the

Fundoplication is usually effective at

reinforces the valve mechanism at the

oesophageal sphincter (LOS). These days

of the hiatus, the muscles that contribute

amounts of the stomach acid getting into

the oesophagus and causing symptoms.

So, what are some of the myths around

This is a very common misconception

about fundoplication. It is true that a

this usually resolves with time and

significant number of people have some

difficulty swallowing after the operation,

without any treatment. Some patients

may require a balloon dilatation a few

months after surgery to help open up the

oesophagus, but this is quite rare. A very

small percentage of patients will suffer

from persistent swallowing difficulties

and whilst this can cause some difficulty

many of them will say they prefer some

swallowing problems than the reflux

Liquid diet for 6 months

In the past, a liquid diet was the

recommendation after a fundoplication

but never for 6 months. The current

advice is that the patient should start

then move onto semi-solid food for

normal diet at around the 5-6 week

a liquid diet for 6 months.

Will I get wind and bloating?

These are potential side effects of

fundoplication. About 10-20% find they

can't belch after surgery and this can

contribute to significant bloating and

flatus. It's also possible that PPIs can

contribute to bloating as they can

change the gut biome and difficulty

belching can make these symptoms

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Fundoplication: Truths and Myths

worse.

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Symptoms?

with a liquid diet for a week or two and

another few weeks before resuming a

mark. This works for almost all patients;

some people may be on a liquid or semi-

solid diet for longer, but no one will be on

treatment.

symptoms they were suffering before

the fundoplication?

I won't be able to swallow

it will always include repair of the crura

about half of the strength of the LOS.

The LOS normally prevents excessive

top of the stomach called the lower

reducing reflux symptoms as it

at the back.

some surgeons wrapping the

first described by a surgeon

called Rudolph Nissen in the

for the treatment of reflux

symptoms which involves

wrapping the top of the

to the bottom of the