University Hospitals
Coventry and Warwickshire
NHS Trust

General Surgery

Laparoscopic Fundoplication

About Laparoscopic Fundoplication

Laparoscopic surgery is the medical term for keyhole surgery. Fundoplication is a surgical procedure carried out to treat patients with severe gastro-oesophageal reflux (acid reflux/heart burn) and hiatus hernia (when part of the stomach is lying in the chest).

Gastro-oesophageal reflux happens when the acidic contents of the stomach flow back up into the oesophagus (food pipe). This can cause a burning sensation in your chest (heartburn) and in most people, it is due to the valve (sphincter) between the stomach and oesophagus not working properly. This acid can irritate the lining of the oesophagus (oesophagitis).

What does the procedure involve?

This is a surgical operation which involves making around 5 small cuts (incisions) in the abdomen (tummy) to insert a telescope (camera) and some instruments. The abdomen is filled (inflated) with gas to allow access and visibility of the organs. Most of the gas will be removed at the end of the operation. Stitches and/or paper strips will be used to close the skin wounds.

The top part of the stomach is wrapped around the lower part of the gullet (oesophagus) and stitched to create a new valve to prevent the reflux of stomach contents back into the oesophagus (gullet). If you have a hiatus hernia, it will be repaired at the same time.

It is important to be aware that in a small number of cases, the operation cannot be completed by keyhole surgery. In these cases, the surgeon will need to proceed to an ‘open’ operation. This will require a larger incision (cut) in your abdomen and result in a longer hospital stay.

How long will you be in the hospital?

This procedure is normally carried out as a day case or with an overnight stay.

Intended benefits of the procedure

Having this procedure done by keyhole surgery reduces recovery time and length of hospital stay. The procedure aims to:

- Relieve symptoms of reflux (such as heart burn, regurgitation or vomiting)
- Reduce the risk of strictures resulting from continued scarring by the acid
- Stop the need for long-term acid suppression treatment (such as Omeprazole or Ranitidine)

Risks

As with all operations, there is a small chance of complications. The risk of these is assessed on an individual basis depending on each patient’s fitness. This should be discussed with your specialist before your surgery. However, overall this is a very safe operation. You should be aware that there is a small possibility of:

- Bleeding or injury to the oesophagus, stomach, abdominal organs
- Bowel or spleen injury, or gas entering the chest cavity (pneumothorax) – these are rare complications
- Conversion to open procedure with a long incision
- As with all operations, there is a risk of wound infection, chest infection, deep venous thrombosis (DVT) or pulmonary embolism (PE).
- A hernia (weakness) may develop around one of the wound sites

Side effects of surgery

You will need to eat more slowly and take longer to chew your food. Some patients experience difficulty in swallowing, stomach bloating (called gas bloat), increased passage of wind (flatulence), feeling full quickly (early satiety) and weight loss. Most of these side effects are temporary and normally last up to 3 months. You may also find that you are not able to burp or vomit easily after this operation.

Long term side effects are uncommon. Occasionally, there can be a recurrence of reflux symptoms after a few years, though this is not common.

Before your operation

On the Ward

Before your operation, you will be asked to wear a gown and anti-embolism stockings. These will reduce the risk of any blood clots developing in your leg.

In the operating theatre

The anaesthetist, operating department practitioners and nurses will be present. An intravenous drip may be inserted. Monitoring devices will be attached to you, such as a blood pressure cuff, ECG leads (heart monitoring leads) and a pulse oximeter.

A pulse oximeter is a peg with a red light, which is placed on your finger. It shows how much oxygen you have in your blood. It is one of the monitors used by the anaesthetist uses during your operation to make sure that you remain in the best of health. You may also receive some oxygen to breathe.

After the operation

- You will wake up in the recovery room after your operation. You will have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- After this procedure, most people will have a small plastic tube (cannula) in one of the veins of the arm. This might be attached to a bag

of fluid (called a drip), which provides your body with fluid until you are well enough to drink by yourself.

- While in the recovery room, a nurse will regularly check your pulse and blood pressure. When you are well enough to be moved, you will be taken to the ward.
- Some people feel sick or vomit after surgery, especially after a general anaesthetic. If you feel sick, tell the nurse who can provide medicine for relief.
- Immediately after the operation, you may experience discomfort in your shoulders due to the gas used during the procedure. There will also be discomfort from the small cuts in the skin of the tummy, but this is well controlled with simple painkillers. All wounds are closed with stitches and/or paper strips. The nurses will tell you if and when the stitches need to be removed, which will be at your GP's surgery.
- Once you are fully awake, you will be taken to the ward to recover before you are accompanied home. Do not expect to feel completely normal immediately.

Eating and drinking

- You can drink fluids a few hours after the operation and start with **a very soft "sloppy" diet** for around 2 weeks. This may include liquidised soup, smooth yoghurt, ice cream, custard, nutritious drinks, jellies, porridge and scrambled eggs.
- Swallowing difficulties usually get worse over the first 5 to 7 days before they start to improve, this is normal.
- Eat slowly, take small mouthfuls and chew well before swallowing.
- Slowly increase more solid foods such as soup, pasta, mashed vegetables and minced meat as you feel able, this may take a few weeks.
- **Avoid bread/toast, chips, chunky meat or vegetables** until you are happy that you can tolerate swallowing softer foods.
- It is advisable to drink plenty of water and **avoid fizzy drinks,** as they can make you feel bloated.

Getting around and about

You are encouraged to get out of bed and walk around on the day of your surgery. This helps reduce the risk of complications such as blood clots in your leg and chest infections. Please continue to wear the anti-embolism stockings (white tights) provided for the first few days, until normal mobility is resumed.

Pain relief

You will be advised to **take regular painkillers** for the first few days. This is to make sure you have a good recovery from your operation. It is important to read the patient information leaflet that comes with the medication and not exceed the recommended dose, details of which are provided in the packet.

Shoulder tip pain is best relieved by changing position and gentle movements. This is normally caused by some gas left behind after the surgery and will slowly disappear within a few days.

When will you go home?

Some people who have this type of procedure leave the hospital on the same day (around 6 to 8pm) or the following morning. This decision will be made by your consultant and may depend on whether any further swallow tests are needed. The actual time that you stay in hospital will depend on your general health and how quickly you recover from the procedure.

You will need to be accompanied home and have a responsible adult to care for you.

When can you resume normal activities, including work?

It normally takes 7 to 14 days to recover at home and most people can return to their normal activities within 3 weeks. You will receive a doctor's sick note before you leave the hospital. Your GP will provide any additional sick notes if needed.

Driving

You should not drive for at least 7 to 10 days after surgery.

How do you care for your wound?

- If have a waterproof dressing (shiny), you can bath and shower. However, if it is made of a woven material, please do not get it wet. Remove your large dressings within 48 hours, but **do not remove the narrow paper strips**.
- Make sure your wound clean by bathing and showering every day. Dry your wound carefully, using a “cool” hairdryer works well.
- Most stitches do not need removing. The narrow paper strips will need to be gently peeled off after 5 days. You will be informed if stitches to be removed.
- Visit your GP practice nurse around 7 days after your operation to have your wound check to remove any stitches.

Will you have a check-up?

An **outpatient clinic** appointment is usually made for **around 2 to 3 months** after surgery. Your GP can provide additional pain relief and advice and you can make an appointment for the practice nurse to check your wounds.

What if you have any problems at home?

If you experience any of the following problems while you are at home, please immediately contact your own GP or NHS 111.

- Difficulty swallowing, especially after the first week
- Vomiting (being sick)
- Severe pain
- Fever (39°C)
- Abdominal swelling
- Infection
- An oozing wound
- Reluctance to drink

- Poor urine output

Tell us about your experiences from your stay?

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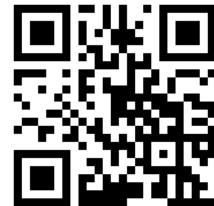

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