OPERATION

Laparoscopic Fundoplication

Sussex Surgical Specialists

A Laparoscopic Fundoplication is an operation that uses “key-hole” surgery under general anaesthetic to correct gastro-oesophageal reflux and hiatus hernias. Four small holes (port-sites) are made in the abdominal wall and the abdomen is distended with carbon dioxide gas. The main part of the operation involves the identification, dissection and mobilisation of the upper stomach and lower oesophagus. Any defect in the muscles of the diaphragm (hiatus) through which the oesophagus and stomach pass is repaired using stitches or mesh. The oesophagus and stomach are then reconfigured in such a way (often using a wrap) that they are fixed within the abdominal cavity and cannot enter the chest. The valve mechanism that prevents stomach contents refluxing into the gullet may also be similarly improved. The operation is performed as a day case or with an overnight stay. Surgery is performed laparoscopically in over 95% of cases. Conversion to an open operation may occur if the surgeon has difficulty accurately locating or safely mobilising the oesophagus or stomach. Where this occurs a larger incision is made in the mid-line or under the ribs on the left to allow the operation to proceed safely.

What happens before the operation?

At a pre-assessment visit you will be seen by a doctor or nurse. You will have specific tests to ensure your fitness for surgery, which will depend upon your general medical health. The purpose of this visit is to spot any abnormalities well in advance of surgery and to make sure that there are no delays prior to timely, successful completion of your operation. An endoscopy will have been performed as well as tests of acid secretion (oesophageal pH testing) x-rays or CT scans and blood tests. These are to confirm the diagnosis and define the nature of any anatomical abnormality to be corrected.

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What happens just before the operation?

You will be admitted to a surgical unit. A senior nurse will complete the admission process detailing your current condition, ongoing medical problems and medications as well as personal details such as next of kin. You will be permitted to eat up until six hours before surgery and drink clear fluids at the discretion of the doctors, usually up to two hours before the operation. An Anaesthetist will visit you prior to your surgery to discuss the nature of your anaesthetic and methods of pain control both during and after the operation. Your surgeon will visit you and discuss the operation again, asking you to sign a consent form once you are happy that all your questions have been answered and the risks and benefits have been explained to you.

What are the complications of the operation?

Although there are infrequent risks attached to this operation the nature of the surgery means that these may be significant.

Infection – Wounds and Abdominal cavity

The nature of the surgery means that infections are uncommon. They are usually no more complicated than a skin infection at port-sites. In rare cases the accumulation of infected fluid under the diaphragm may result in abscess formation which may require treatment with a complex drainage procedure.

Bleeding

Fundoplication surgery involves the division of a number of important and many minor blood vessels. Although meticulous care is taken to prevent bleeding it is a recognised but small risk of such operations. It may require a return to the operating theatre.

Oesophageal or Gastric Perforation

Injury to the stomach and gullet recognised or unrecognised at operation may occur at the time of surgery or some days later. It causes pain, fever and shock. Usually it requires reoperation and repair but may occasionally be managed with a drainage procedure.

Obstruction (Dysphagia)

The tightness of the wrap or swelling around the surgical site may result in the inability to swallow liquids or solids. This may settle with time or require endoscopic dilatation or further surgery.

Blood Clots – Legs, Lungs, Brain and Heart

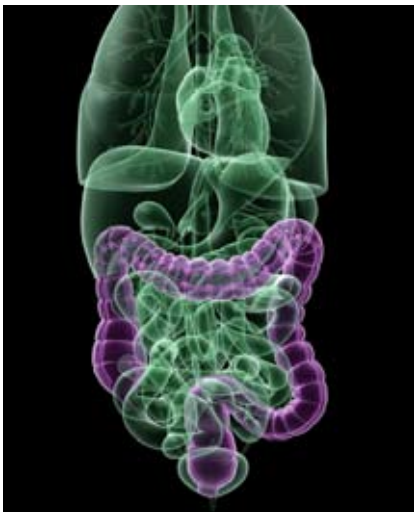
Operations on the abdomen increase the chance of clots developing in the deep veins of the legs and pelvis. This is very unusual after laparoscopic fundoplication. Problems of this kind are avoided by the administration of medication to thin the blood during your hospital stay and with early mobilisation shortly after surgery.

What will happen after the operation?

- Wounds on your abdomen will be closed with either stitches or paper strips and covered with a dressing.
- You may have one or more intravenous drips providing you with fluids but you will be able to start drinking and eating immediately after surgery with few restrictions.
- You will be given a combination of pain killers by mouth on waking from surgery. Stronger intravenous painkillers are always available if required.
- Some discomfort after surgery is normal but pain and nausea can be treated and even avoided altogether if doctors and nurses on the ward are informed about these problems by you, early on.

What happens after hospital?

How soon you go home after the operation depends on how quickly you recover from surgery and who is at home to help you. Before discharge you will be advised how to care for your wounds. There are no limitations on showering. Bathing should be avoided for a week. Stitches in some larger port-sites are absorbable and may be ignored. Sticky paper strips are used to close the smaller wounds; these will fall off after a few days. Most people are largely back to normal at a week after such surgery but it may take up to six weeks before you can say that you are fully recovered from the operation. You will be able



to resume a normal diet with few restrictions. Food should be chewed thoroughly and tough fibrous foods such as red meat and crusty bread avoided. As you leave hospital your General Practitioner will be informed of your treatment and the plans for your follow up. You may be given or sent an appointment to be seen in the outpatient department by your surgeon between two and six weeks after discharge.

How will I feel when I go home?

Initially it is not unusual to feel a little tired following your operation. Discomfort should be minimal and controlled with simple pain killers used in combination. You will be prescribed these on discharge. If you feel that pain is increasing, that nausea and bloating are not settling and particularly if you develop a fever or sweats you should get in touch with your hospital or surgeon urgently.
It is important to rest initially when getting home, but it is equally sensible to slowly increase your level of activity. Listen to your body and stop when you begin to tire. You are advised not to do any heavy lifting for six weeks after the operation. Driving should be avoided for at least a week. The main area of concern is your ability to perform an emergency stop. Check with your car insurance company regarding the cover you have following an operation.

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