Primary Anti-Reflux Surgery (Fundoplication)

UG20 Lite - Expires end of January 2024

This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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What is acid reflux?

Acid reflux is a condition where acid from your stomach passes up into your oesophagus (gullet). If this happens too often it can cause symptoms of a burning sensation in your chest (heartburn) or acid in the back of your mouth. The acid can cause the lining of your oesophagus to become inflamed (oesophagitis) or scarred.

What are the benefits of surgery?

This surgery aims to improve your reflux symptoms. You should get relief from symptoms of acid reflux and no longer need to take medication.

Are there any alternatives to surgery?

Avoiding foods that make your symptoms worse, especially late at night can help ease your symptoms. Raising the head of the bed can also help. If you are overweight, it may help to lose weight.

Medication that lowers the acid content in your stomach is effective at controlling symptoms and healing the inflammation in your oesophagus.

There is a surgical alternative to a fundoplication called a LINX™ procedure. This involves placing magnetic beads around your oesophagus to form a valve effect.

Surgery is only recommended if medication does not help, you have side effects from anti-acid medication or if you would prefer to have an operation than take medication for the rest of your life.

What does the operation involve?

The operation is performed under a general anaesthetic and usually takes 1 to 2 hours.

Your surgeon will hold your liver out of the way and free up the upper stomach and lower oesophagus, along with the muscular part of your diaphragm.

They will stitch your diaphragm to reduce the size of the hole your oesophagus passes through.

Your surgeon will wrap and stitch the top part of your stomach around your lower oesophagus, to produce a valve effect.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Your surgeon may suggest you follow a special diet for 2 weeks before the procedure to reduce the size of your liver. The liver is a large organ that needs to be lifted to perform the surgery safely. If it is smaller, the risk of complications such as bleeding are reduced.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

Some complications can be serious and can even cause death.

General complications of any operation

- Bleeding
- Developing a hernia in the scar or port site
- Infection of the surgical site (wound)
- Allergic reaction to the equipment, materials or medication
- Blood clot in your leg
- Blood clot in your lung
- Chest infection
- Death

Specific complications of this operation

Keyhole surgery complications

- Damage to structures such as your bowel, liver or blood vessels
- Developing a hernia near one of the cuts

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- Surgical emphysema (a crackling sensation in your skin caused by trapped carbon dioxide)
- Gas embolism

Fundoplication complications

- Pneumothorax, where air escapes into the space around your lung
- Making a hole in your oesophagus or stomach (perforation)
- Tear of the stitches used for the wrap
- Damage to your liver
- Damage to your spleen
- Difficulty swallowing for a few months

Long-term problems

- Continued difficulty swallowing where you cannot swallow most foods normally
- Incomplete control of reflux symptoms
- Weight loss
- Abdominal discomfort
- Diarrhoea
- Tissues can join together in an abnormal way

Consequences of this procedure

- Pain
- Scarring of your skin

How soon will I recover?

You may be able to go home the same day or the next day.

You should be able to return to work after a few weeks, depending on your recovery and the type of work you do.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

You should make a full recovery, with the symptoms of acid reflux gone or much improved.

Summary

Acid reflux can cause heartburn or acid in your mouth. The acid can cause the lining of your oesophagus to become inflamed or scarred. Surgery may be recommended if your symptoms continue while you are taking medication.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewers

British Benign Upper Gastrointestinal Surgical Society

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Marcos Kostalas (MD FRCS)

Stuart Andrews (MD FRCS)

Simon Parsons (DM, FRCS)

Illustrator

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