Anti-reflux surgery
Laparoscopic Nissen Fundoplication

Introduction
You will be having a laparoscopic (keyhole) operation to relieve your symptoms of reflux disease and heartburn. The operation requires five small incisions, which allow a camera and instruments to be passed into your abdomen. The upper part of the stomach is wrapped around the lower oesophagus (gullet) to prevent the reflux of stomach contents.

Benefits of anti-reflux surgery
1. In 85% (5 in 6) people, the operation successfully prevents reflux of acid.
2. Most patients are able to stop their ant-acid medication.

Risks and complications
Although a keyhole operation, this type of surgery is major. Specific complications of the operation are rare. They include perforation (tear) of the gullet or stomach, bleeding, damage to the spleen, post-operative vomiting leading to hernia of the stomach or bleeding. A complication such as these may need further surgery. All surgery and anaesthesia carries general risks which include chest infection and thrombosis (blood clot). All measures are taken to reduce these risks.
Overall the risks of complications is low (5% or 1 in 20) and the risk of serious complications or death is very low (0.5%).

**What to expect**

You will be admitted to hospital on the day of your operation and can expect to be in hospital for approximately one to two nights.

**Pain control**

You will naturally experience some abdominal pain and discomfort after the operation, occasionally you may also experience shoulder tip pain. Regular pain killers will be given to ensure this is controlled. It is important that you let the nursing staff know if you have any pain and discomfort.

**Diet and fluids**

You will be allowed to drink water after your operation and you will be given fluid through a drip (tube) in your arm. The following day after your operation you will be able to build up to drinking fluids and eating a sloppy diet (porridge consistency). You are advised not to drink fizzy fluids or drinks that are too hot or too cold. On the second day after your operation, if you are comfortable and tolerating a sloppy diet you will be discharged home. You should stay on a sloppy/soft diet until you are seen at your six week follow-up appointment.

You may experience some difficulty in swallowing, wind and bloating after your surgery. This is normal and it will settle down but may take up to three months to do so. To help avoid these symptoms you are advised to chew your food well and not to rush your meals.

**Wound care**

The small wounds are closed with stitches that dissolve under the skin. You will have skin dressings over the incisions that are waterproof so you can shower as normal. Remove the dressings on day five after the operation.
**Bowels and urination**

You should not experience any difficulties in having your bowels open or passing water. You may, however, be prone to some constipation whilst you are taking pain killers and are advised to drink plenty of fluids. Occasionally diarrhoea can be a problem but this should settle. If you have any concerns please contact your GP for advice.

**Activity**

Returning to activities after your operation will ensure you reduce your risk of developing complications such as; chest infection or Deep Vein Thrombosis (DVT). After anti-reflux surgery you should return to your normal daily activities as quickly as you are able and comfortable with. We advise you not to do any heavy lifting for four weeks.

**Going home**

Once you are independent and managing your diet and fluids, arrangements will be made for you to go home. At home, it is important that you rest however you must include some daily activity allowing you to gradually build up to what is normal for you. It is advisable that you continue to take pain relief medicine regularly to assist with this. It is important to remember that you may continue to experience mild difficulty in swallowing, wind and bloating at home. This will gradually settle, but may take up to three months. If you are concerned it is important that you contact your GP for advice. You should feel back to normal in four to six weeks and can expect to be back at work in four weeks. Do not do any heavy lifting for four weeks and do not drive until you can do an emergency stop without hesitation, roughly after two to three weeks.

**When to seek medical advice**

If you experience any of the following, please seek medical advice from your GP, the hospital where you had your operation or NHS 111:

- If your wound sites become red, painful or a discharge develops, this may be caused by a wound Infection. Treatment with a course of antibiotics may be needed
You should seek urgent medical advice if you are unable to swallow liquids as you may have a piece of food stuck in your oesophagus which may require an endoscopy (camera test).

- An increase of abdominal pain or if you have a temperature this may be due to complications from your surgery.

- A painful, red, swollen, hot leg or experience difficulty bearing weight on your legs, this may be caused by a Deep Vein Thrombosis (DVT).

- If you have shortness of breath, chest pain or cough up blood, it could be a sign that a blood clot has travelled to your lungs (pulmonary embolus).

**Follow up**

An appointment will be sent for you to be seen in the outpatients clinic, this is usually four to six weeks after your discharge.

**Contact information**

If you have any concerns please contact your GP, Out of Hours service or NHS 111.