



Gloucestershire Hospitals
NHS Foundation Trust

Laparoscopic anti-reflux surgery

Introduction

This leaflet describes the laparoscopic (keyhole) operation to treat acid reflux and hiatus hernia. It explains the risks and benefits of surgery and the likely after effects. Dietary advice will be available from the ward before you are discharged.

The operation

You will be having a laparoscopic (keyhole) operation to relieve your symptoms of reflux disease and heartburn. The operation requires 5 small cuts (incisions), which allow a camera and instruments to be passed into your abdomen (stomach). Any abnormal gap in the diaphragm muscle where the gullet (oesophagus) passes through is carefully repaired. The upper part of the stomach is then wrapped around itself and the lower oesophagus (gullet or 'food pipe'), to stop the reflux of stomach contents. This is called fundoplication. There are several different techniques to shape this wrap.

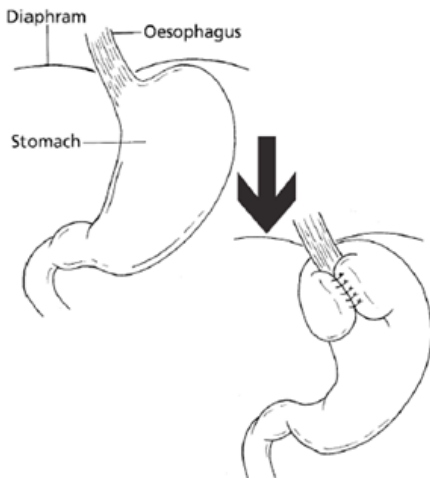


Figure 1: The stomach before and after the anti-reflux surgery. The diagram to the right shows the 'Nissen' that is the most popular with the surgeons in our department.

Benefits

- This surgery stops reflux of acid in 5 out every 6 patients
- Patients are often able to completely stop their anti-acid medication after the operation

Risks

Although this is a keyhole operation, it is still major surgery. Risks of the operation are rare but include:

- Difficulty swallowing
- Difficulty belching or vomiting
- Perforation (tear) of the gullet or stomach
- Bleeding
- Damage to the spleen, liver or bowel
- Post-operative vomiting leading to hernia of the stomach or bleeding

In the unlikely event that you experience one of the above, you may need to have further surgery.

All surgery and anaesthesia carry some general risks which include chest infection and blood clots (deep vein thrombosis, or DVT). You can be confident that all steps are taken to reduce these risks. Overall, the risks of complications are low (1 in every 20 cases) and the risk of serious complications or death are very low (1 in every 200 cases).

What to expect

You will be admitted to hospital on the day of your operation and can expect to be in hospital for 1 to 2 nights. Most patients will go home the day after their surgery.

Medication

You will have some abdominal pain and discomfort after the operation. Occasionally you may also experience shoulder tip pain which is due to the medical gas used during your operation. This is common after keyhole surgery and usually lasts less than 24 hours. You will be given regular pain relief to make sure that this is controlled. You will also be given anti-sickness medication to control nausea (sickness). It is important that you let the nursing staff know if you have any pain, discomfort, nausea or vomiting.

Diet

You will be allowed to drink clear fluids after your operation and you will be given fluid through a drip (tube) in your arm.

The day after your operation we will ask you to drink fluids and eat a sloppy diet (porridge consistency). You are advised not to drink fizzy fluids or drinks that are too hot or too cold.

Once you are comfortable and managing to eat a sloppy diet you will be discharged home. You should stay on a sloppy/soft diet until you are seen at your 6-week follow-

up appointment.

You may experience some difficulty in swallowing, wind and bloating after your surgery. Try not to worry as this is normal, it will settle down but may take up to 3 months to do so.

To help avoid difficulty in swallowing, you are advised to chew your food well, make sure that there are no pieces (chunks) of meat etc and not to rush your meals.

Wound care

The small wounds in your abdomen are closed with stitches that dissolve under the skin. You will have skin dressings or glue over the cuts, these are waterproof but you should avoid getting soap on the glue when you wash or shower. You can remove the dressings on day 7 after the operation.

Bowels and urination

You should not have any difficulties in opening your bowels or passing urine.

You may, become constipated while you are taking pain relief, so we advise you to drink plenty of fluids.

Occasionally, you may have loose stools but this usually settles within a few weeks.

If you have any concerns, please contact your Consultant Surgeon's secretary, your GP or NHS 111 for advice. The contact details are at the end of this leaflet.

Daily activities

Doing some gentle exercise after your operation will make sure 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 soon as you feel able and comfortable. We advise you not to do any heavy lifting for 4 weeks.

Discharge home

Once you are independent and managing your sloppy diet and fluids, we will arrange for you to go home.

At home, it is important that you rest, but you must include some daily activity and slowly build up to what is normal for you. It is advisable that you continue to take pain relief medicine regularly to help with this.

You should feel back to normal in 4 to 6 weeks and can expect to be back at work in 4 weeks. Do not drive until you can do an emergency stop comfortably and without hesitation, usually about 4 weeks after the surgery.

Follow up

An appointment will be sent for you to be seen in the outpatient's clinic; this is usually 6 to 8 weeks after your discharge.

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 not able to swallow liquids as you may have a piece of food stuck in your oesophagus. This may mean that you need an endoscopy (camera test) to diagnose and remove it.
- An increase of stomach pain or temperature may be due to complications from your surgery.
- Having a painful, red, swollen hot leg or difficulty bearing weight on your legs, 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 up your lungs (pulmonary embolus). You should call the Emergency Services on 999 immediately.

Contact information

If you have any concerns, please contact the secretary of the consultant who carried out your operation, your GP or NHS 111.

Consultant Surgeons

Mr S Hornby, Mr M Vipond, Mr S Higgs

Tel: 0300 422 6658

Mr P Chana

Tel: 0300 422 6679

Mr T Walker, Miss E Upchurch, Mr F Badiuddin

Tel: 0300 422 5953

Mr A Ilczyszyn, Mr S Dwerryhouse, Mr O Old

Tel: 0300 422 6226

NHS 111

Tel: 111

Further information

NHS Choices - Heartburn and reflux

Website: www.nhs.uk/conditions/heartburn-and-acid-reflux

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