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NISSEN FUNDOPLICATION – LAPAROSCOPIC

BRIEF DESCRIPTION

The Nissen fundoplication operation is performed to relieve gastro-oesophageal reflux (GORD). Reflux may be associated with a hiatus hernia. A hiatus simply means a gap/opening A hernia is a bulge or a weakness. In this case, the stomach bulges through a hiatus up into your chest. Sometimes the stomach gets stuck within the chest. Your surgeon will discuss the procedure with you in detail and will answer any questions you may have before the operation. The aim of the operation is to bring the stomach down from the chest and to stop the acid reflux. A telescope with an attached miniature TV camera (laparoscope) is inserted through a small (1 cm) incision above the belly button (umbilicus). Four other similar incisions are made to insert the necessary instruments for the operation. The herniated stomach and the lowest part of the oesophagus are returned to their normal positions i.e. below the diaphragm. Part of the stomach (fundus) is wrapped around the oesophagus to re-create a valve. The hiatus in the diaphragm is narrowed with stitches. The instruments are withdrawn and the incisions are closed. In a small number of patients (approx. 5%) it may not be possible to operate via the laparoscope due to adhesions from previous operations, bleeding obscuring vision, awkward fatty tissue or other technical problems. It will then be necessary to revert to the standard (open) operation.

WHY IS THIS OPERATION NECESSARY?

Majority of patients are well controlled on medication and only a small subgroup will require surgery. Indications include, volume reflux, symptomatic hernia, side effects from medication or need to avoid lifelong medical treatment.

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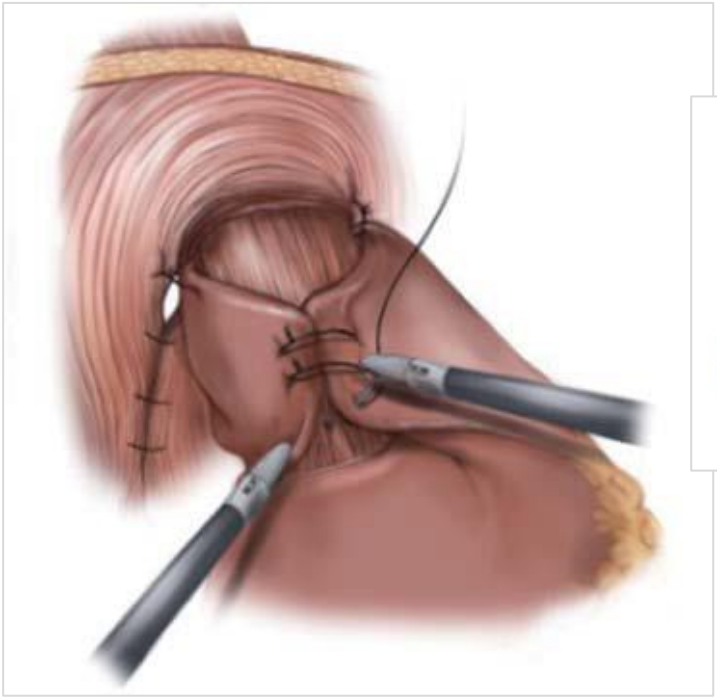


ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

Most patients will be well controlled on medication.

IS IT SAFE TO HAVE THIS OPERATION?

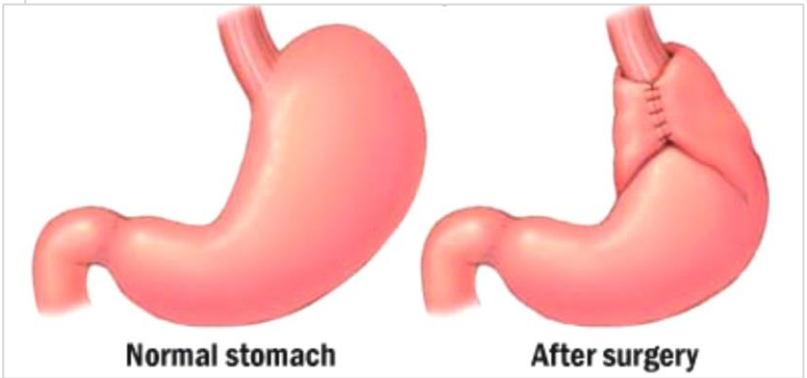
Your surgery will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result. However there are risks involved with all surgery even if these risks may be small. Before you agree to the operation, you should consider the risks that may be involved.

WHAT ARE THE GENERAL RISKS INVOLVED?

These are risks which may occur with any surgical procedure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs or kidneys

WHAT ARE THE SPECIFIC RISKS INVOLVED?

Most patients have a good result from the fundoplication operation without any complications. However the main complication (less than 2%) which can be serious, is injury to the oesophagus. There is also risk of injury to the stomach, colon, spleen and liver. These will usually be recognized at the time of surgery and may require an open operation to repair it. On occasion patients will present a few days later and then require a second operation. A small number of patients who have the laparoscopic fundoplication may develop problems either due to the wrap being too tight or the wrap slipping into the chest. These can sometimes be corrected by early laparoscopic re-operation lengthening the recovery time by a few days. To detect complications after laparoscopic fundoplication and early enough for laparoscopic repair, a barium x-ray will sometimes be performed in the first 1-3 days after operation, which



Some patients feel a bit sigh for up to 24 hours after operation but this passes off. You will be given some treatment for sickness if necessary.

WILL IT HURT?

There is some discomfort on moving rather than severe pain. You will be given injections or tablets to control this as required. Ask for more if the pain is still unpleasant. You will be expected to get out of bed the day after operation despite the discomfort. You will not do the wound any harm, and the exercise is very helpful for you. The day after operation you should be able to walk slowly along the corridor. By the end of one week the wound should be virtually pain free.

DRINKING AND EATING

You will be able to drink within an hour or two of the operation provided you are not feeling sick. The next day you should be able to manage small helpings of normal food.

OPENING BOWELS

It is quite normal for the bowels not to open for a day or so after operation. A laxative is sometimes required.

PASSING URINE

It is important that you pass urine and empty your bladder within 6 to 12 hours of the operation. If you find using a bed pan difficult, the nurses will assist you to a commode or the toilet. If you are unable to void after 12 hours a catheter will be passed. This may be left in place overnight.

SLEEPING

You will be offered painkillers rather than sleeping pills to help you to sleep. If you cannot sleep despite the painkillers please let the nurses know.

THE WOUND

The wound has a dressing which may show some staining with blood in the first 24 hours. The wound is held together by fine stitches which may be absorbable, if not they are usually removed after 7 to 10 days. The dressing, which is usually waterproof to allow showering, will be kept on until the stitches are removed. There may be some purple bruising around the wound which spreads downward by gravity and fades to a yellow colour after 2 to 3 days. It is not important. There may be some swelling of the surrounding skin which also improves in 2 to 3 days. After 7 to 10 days, slight crusts on the wound will fall off. Occasionally minor matchhead sized blebs form on the wound line, but these settle down after discharging a blob of yellow fluid for a day or so.

WASHING

You can wash the wound area as soon as the dressing has been removed. Soap and tap water are entirely adequate. Salted water is not necessary.

HOW LONG IN HOSPITAL?

Usually you will feel fit enough to leave hospital the day after the operation. If the operation is performed in the morning you may be able to go home the same evening. In older patients or those with associated illnesses it may be necessary to stay in hospital longer. You will be given an appointment for a check-up about a week after your operation.

SICK NOTES

Please ask your surgeon for any sick notes or certificates that you may require

AFTER YOU LEAVE HOSPITAL

You are likely to feel a bit tired and need rests 2 or 3 times a day for a week or more. You will gradually improve so that after 3 to 4 weeks you will be able to return to your normal level of activity.

LIFTING

At first discomfort in the wound will prevent you from harming yourself by too heavy lifting. After one month you can lift whatever you like. There is no value in attempting to speed the recovery of the wound by special exercises before the month is out.

DRIVING

You can drive as soon as you can make an emergency stop without discomfort in the wound, i.e. after about 10 days.

WHAT ABOUT SEX?

You can restart sexual activities within a week or two, when the wound is comfortable enough.

WORK

You should be able to return to light work within 2 weeks and a heavy job within 4 weeks.

COMPLICATIONS

Complications are rare and seldom serious. If you think that all is not well, please ask the nurses or doctors. A sausage shaped lump is usually present under the wound and this may feel like the original hernia. Do not worry, this is normal. Bruising and swelling may be troublesome, particularly if the hernia was large. The swelling may take 4 to 6 weeks to settle down. Infection is a rare problem and will be treated appropriately by the surgeon. Aches and twinges may be felt in the wound for up to 6 months. Occasionally there are numb patches in the skin around the wound which get better after 2 to 3 months. The risk of a recurrence of the hernia is about 3-5 in 100.The operation should not be underestimated, but practically all patients are back at their normal activities within a month.

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