

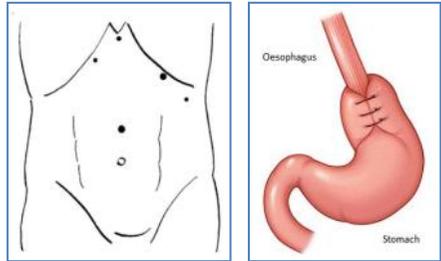
Advice after reflux surgery



What Is Laparoscopic Nissen Fundoplication?

Laparoscopic Nissen fundoplication is a type of keyhole surgery used for the treatment of acid reflux, usually after lifestyle adjustments and anti-acid medications have been unsuccessful.

The operation involves you being fully sedated under general anaesthetic. Gas is blown in to your abdomen to allow more space to operate. The procedure is carried out through 5 small incisions. The stomach is wrapped and stitched around the bottom of the oesophagus. If you had a hiatus hernia this will also be fixed in the same operation.



What can I expect immediately after the operation?

After the operation you will wake up in the recovery area. You may have a line in your vein so that we can give you fluids. You may also be wearing an oxygen mask to help with your breathing. A nurse will monitor your blood pressure and heart rate and you will be transferred onto the wards once you are feeling better. You may experience a number of symptoms which are expected after surgery:

- Drowsiness from the general anaesthetic which will improve with time
- Pain in the abdomen from surgical cuts or shoulder tip (from the gas in the abdomen) which will be controlled with painkillers
- Nausea which can be reduced with anti-sickness medication

What can I expect in the following few days?

You will be encouraged to drink water on the ward as soon as possible. Please avoid any particularly cold or hot, or fizzy drinks in the first day after surgery. As your nausea improves you can move onto other fluids and soups. There will be stitches and a dressing over the incisions on your abdomen. The stitches will dissolve by themselves, you do not need a nurse take them out. After 48 hours it is ok to shower. Please avoid baths, saunas or swimming pools for 2-3 weeks.

As the surgery has been performed laparoscopically, most people are able to return home the next day, providing they are able to swallow liquids and sloppy diet and are reasonably pain free. For a few days you may find that you get tired easily and may even wish to have a nap in the afternoon.

When can I drive or resume exercise?

You can resume strenuous exercise and heavy lifting after 6 weeks. You should not drive for at least 7 - 10 days after surgery. Before driving you should ensure that you can perform a full emergency stop, have the strength and capability to control the car and be able to respond quickly to any situation that may occur. Please be aware that driving whilst unfit may invalidate your insurance. You may wish to check with your insurance company about when you are covered to drive again.

Do I need time off work?

You can return to work as soon as you feel well enough. This will depend on how you are feeling and the type of work that you do. Typically you will need two to three weeks off work.

What are the common side effects?

Difficulty swallowing

There may be some difficulty swallowing immediately after surgery. This will usually improve with time. You may notice yourself eating slower or smaller amounts of food.

Gas bloat

After the operation you may have difficulty burping which does not usually cause a problem. You may also feel bloated and notice passing more wind. These symptoms will usually improve with time. Avoiding fizzy drinks, eating slowly and chewing thoroughly will help to minimise symptoms. Peppermint containing preparations are generally helpful.

Do I need a special diet?

You will need to make some changes to your diet for the first few weeks to help recovery and prevent difficulty with swallowing

First 2 weeks SLOPPY DIET

This means food that can be swallowed without being chewed. Examples include soup, yoghurt, ice-cream and any pureed or blended food. Foods with lumps should be avoided, for example toast, biscuits or steak, as they can get stuck causing discomfort. Please try to avoid large and chunky tablets and capsules.

After 2 weeks SOFT DIET

You can begin to introduce foods such as smooth mashed potato, soft minced meat and cottage pie. Foods with dry bread and large lumps should be avoided.

You can gradually introduce your normal diet in a way that you can tolerate. Eat small but frequent meals, keep food moist, eat slowly and chew thoroughly and avoid fizzy drinks.

What are the long term consequences?

In the long term you may notice yourself passing flatus more frequently. This is a normal consequence of the surgery. There is also a small risk of recurrent acid-reflux for which you may need to go back on anti-acid tablets.

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