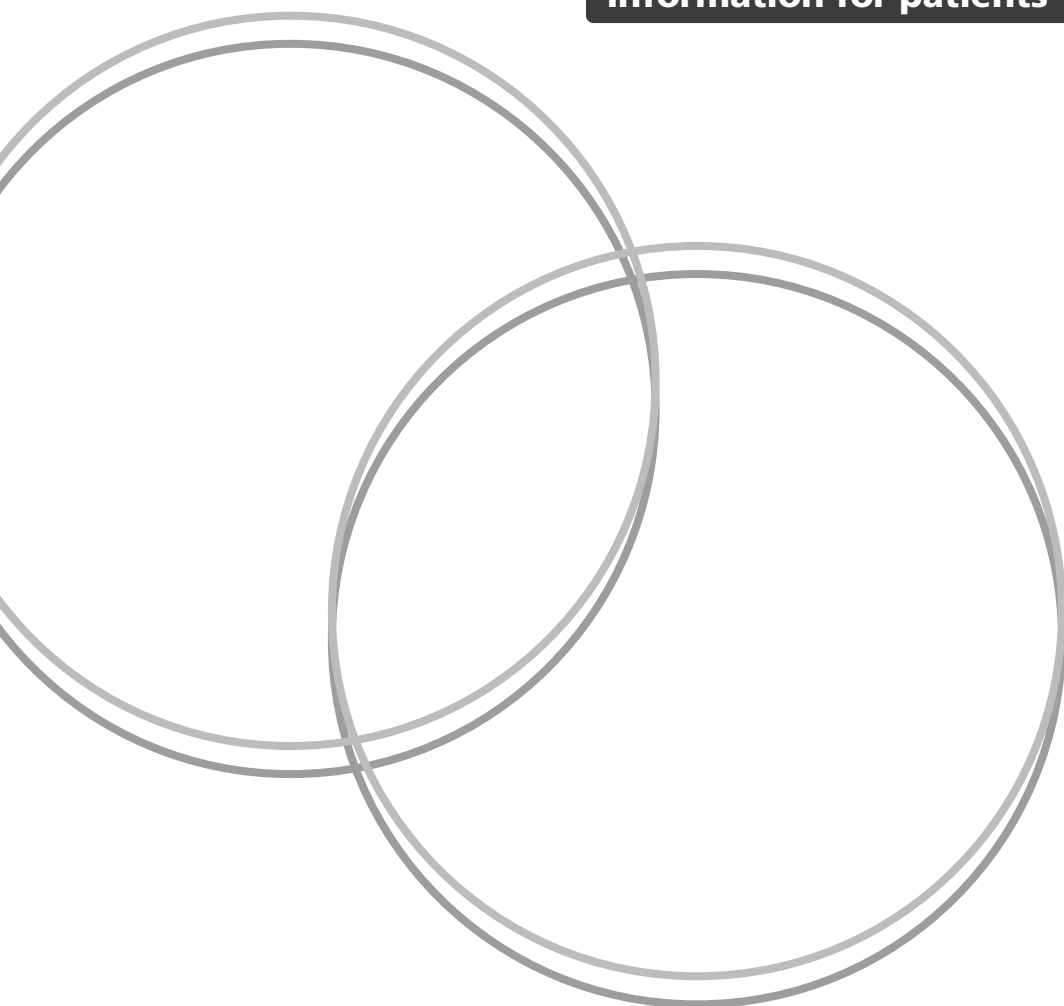


Anti-reflux and hiatus hernia surgery

Information for patients



Section 1: Understanding your condition

What is anti-reflux and hiatus hernia surgery?

Anti-reflux and hiatus hernia surgery is used to treat gastro-oesophageal reflux disease (GORD) and hiatus hernias when symptoms are not controlled by medicines or lifestyle changes.

The operation is usually performed using keyhole (laparoscopic) surgery. Small cuts are made in the tummy and special instruments are used to carry out the procedure.

The exact procedure depends on your symptoms, test results and condition. Your surgeon will explain which operation is most suitable for you.

What is gastro-oesophageal reflux disease (GORD)?

GORD occurs when stomach contents flow back into the oesophagus (gullet). This can irritate the oesophagus and cause symptoms such as:

- heartburn
- acid regurgitation
- cough
- hoarseness or throat symptoms

Symptoms may occur during the day or at night and can affect quality of life.

What is a hiatus hernia?

A hiatus hernia occurs when part of the stomach moves through the opening in the diaphragm and into the chest.

The diaphragm is a sheet of muscle that separates the chest from the tummy. The oesophagus (gullet) passes through an opening in the diaphragm before joining the stomach.

A hiatus hernia can weaken the normal barrier between the stomach and oesophagus, making reflux more likely.

Large paraoesophageal hernias

Some patients are offered surgery because they have a large paraoesophageal hernia. This occurs when a large part of the stomach, or occasionally another organ, moves into the chest.

Large paraoesophageal hernias may cause:

- difficulty swallowing
- chest discomfort
- breathlessness
- anaemia (low blood count)
- feeling full quickly after eating
- vomiting or regurgitation (bringing up stomach contents without effort)

In some cases, surgery may be recommended to improve symptoms and reduce the risk of future complications.

Your surgeon will explain the reason surgery has been recommended in your individual case.

Section 2: Benefits of surgery and alternatives

What are the benefits of surgery?

The aim of surgery is to reduce symptoms, improve quality of life and treat the underlying cause of reflux or hiatus hernia.

For patients with GORD, surgery may help to:

- reduce heartburn
- reduce regurgitation
- improve cough or throat symptoms caused by reflux
- reduce the need for long-term medication
- For patients with a hiatus hernia, surgery may help to:
 - improve swallowing
 - reduce chest discomfort
 - reduce breathlessness caused by the hernia
 - allow you to eat more comfortably

Most patients experience a significant improvement in their symptoms after surgery. Research suggests that around 80–90% of patients are satisfied with the outcome of anti-reflux surgery and would choose to have the operation again. However, symptoms can return and some patients may require medication or further treatment in the future.

Are there alternatives to surgery?

Not everyone with reflux or a hiatus hernia needs an operation.

Alternatives may include:

- acid-suppressing medication
- weight loss
- dietary and lifestyle changes (including avoiding smoking, alcohol, and certain foods)

The benefits and risks of surgery will be discussed with you during your clinic appointment. The decision to proceed with surgery is made jointly between you and your surgical team.

Long-term medication

Many patients with reflux symptoms are treated successfully with acid-suppressing medication such as omeprazole, lansoprazole or pantoprazole.

These medicines are generally safe and effective when taken long term. However, some patients continue to experience symptoms despite treatment, require increasing doses, develop side effects, or prefer not to take long-term medication.

Anti-reflux surgery may be considered in these situations. Your surgical team will discuss the potential benefits and risks of both medical and surgical treatment with you.

What happens if I decide not to have surgery?

If you choose not to have surgery, your symptoms may remain unchanged or gradually worsen over time, or may improve with lifestyle changes.

For patients with reflux, medication is often effective at controlling symptoms.

For patients with a large paraoesophageal hernia, symptoms such as swallowing difficulties, chest discomfort or breathlessness may continue. Rarely, complications can occur and emergency treatment may be required.

Your surgeon will discuss the likely risks and benefits in your individual case.

Research studies and clinical trials

Oxford University Hospitals is involved in research to improve the treatment of reflux disease and hiatus hernias.

Some patients may be eligible to take part in research studies or clinical trials. Participation is entirely voluntary and your care will not be affected if you choose not to take part.

If a suitable study is available, your clinical team will discuss this with you.

Section 3: What does the operation involve?

Before your operation

You will attend a pre-operative assessment before surgery. This helps to make sure you are fit for an anaesthetic and the operation. You will have tests and be given instructions about eating, drinking and any medicines that need to be stopped before surgery.

Anaesthetic

The operation is performed under a general anaesthetic. This means you will be asleep throughout the procedure. The surgeon will also inject local anaesthetic around your wounds while you're asleep. This helps to reduce pain after the operation.

The anaesthetist will discuss the anaesthetic with you and answer any questions you may have.

During the operation

The operation is usually performed using keyhole (laparoscopic) surgery.

The surgeon makes 4-5 small cuts in the tummy and inserts a camera and surgical instruments. A harmless gas (carbon dioxide) is used to inflate the tummy and create space for the operation. This will disperse naturally after the operation.

Depending on your condition, the surgeon may:

- repair a hiatus hernia
- return the stomach to its normal position
- tighten the opening in the diaphragm
- perform a fundoplication to reduce reflux

A fundoplication involves wrapping part of the stomach around the lower end of the oesophagus in the tummy. This helps to prevent stomach contents from flowing back into the oesophagus.

This can be a full wrap (Nissen fundoplication) or a partial wrap (Dor /Toupet fundoplication).

The operation usually takes between 1 and 3 hours, depending on the procedure being performed.

Will I have a large incision?

Most operations are completed using keyhole surgery.

Occasionally, it is not possible or safe to complete the operation using keyhole techniques. If this happens, the surgeon may need to make a larger incision. This is known as open surgery.

What happens after the operation?

You will wake up in the recovery area before returning to the ward.

The nursing team will monitor your recovery and provide pain relief as required. You will be encouraged to get out of bed and walk as soon as it is safe to do so.

Most patients stay in hospital for 1–3 days, although this may vary depending on the operation performed and your recovery. Some patients may be suitable for day case surgery (discharge home on the same day as your operation).

Section 4: Risks and side effects

All operations carry a risk of complications. Your surgeon will discuss the risks of surgery with you before the operation.

Most patients recover without any serious problems. However, complications and side effects can occur.

General risks of surgery

These include:

- bleeding
- infection
- blood clots in the legs or lungs
- chest infection
- risks associated with a general anaesthetic
- hernias forming at the wound sites (where tissue pushes through a weakness in the tummy wall)

Specific complications

Injury to nearby structures

Rarely, injury can occur to the oesophagus, stomach, spleen or other nearby structures during surgery.

If this happens, additional procedures may be required to repair the injury.

Recurrent reflux or hiatus hernia

Although surgery is usually effective, symptoms can return over time.

Some patients may require medication again in the future. A small number of patients may require further surgery.

Common side effects

Difficulty swallowing

It is common to have some difficulty swallowing after surgery. This usually improves over the first few weeks as swelling settles. You will be given advice about what to eat and drink after surgery.

Occasionally, swallowing difficulties persist and further treatment may be required. Around 1 in 100 patients may require an additional procedure or operation to improve swallowing.

Gas bloat syndrome

Some patients experience bloating, increased wind or discomfort after eating.

You may find it more difficult to burp after surgery. Some patients also find it difficult to vomit. You may also pass more wind from your back passage. These symptoms usually improve with time but can persist in some patients.

Feeling full more quickly

Many patients notice that they feel full after eating a smaller amount of food than before surgery.

This usually improves as recovery progresses. Eating smaller meals more slowly and more often can help during this period.

Section 5: Eating and drinking after surgery

Why is eating difficult after surgery?

It is common to have difficulty swallowing after anti-reflux and hiatus hernia surgery.

The area around the operation becomes swollen and it can take several weeks for this swelling to settle. During this time, food may feel as though it is sticking after swallowing.

This is usually temporary and improves as you recover.

What should I eat?

From the morning after your surgery, we recommend a sloppy diet for up to 6 weeks.

A sloppy diet consists of foods that are soft, moist and easy to swallow. Food should require very little chewing and should pass easily through the oesophagus.

Suitable foods include:

- porridge
- yoghurt
- scrambled eggs
- mashed potato
- soup
- soft pasta dishes
- fish
- shepherd's pie
- cottage pie
- well-cooked vegetables with gravy or sauce

(X) Avoid foods that may be difficult to swallow, including:

- crusty bread
- tough meat
- steak
- nuts
- crisps
- dry foods without sauce or gravy

General advice

During the first few weeks after surgery:

- eat slowly
- chew food thoroughly
- take small mouthfuls
- eat smaller meals more often
- sit upright while eating
- stop eating when you feel comfortably full

Fluids

Drink plenty of fluids throughout the day.

We strongly encourage you to avoid fizzy drinks during the early stages of recovery, as they may worsen bloating and discomfort.

Returning to a normal diet

Introduce foods one at a time and progress at a pace that feels comfortable. If a food causes discomfort or feels stuck, return to softer foods and try again after a few days.

Recovery varies from person to person. Some patients return to a normal diet more quickly, while others require more time.

When should I seek advice?

Please contact your surgical team if:

- swallowing becomes worse rather than better
- you are unable to swallow fluids
- you have persistent vomiting
- you are unable to maintain adequate food or fluid intake

Section 6: Going home and recovery

Anti-reflux medication

In most cases, anti-reflux medication such as omeprazole, lansoprazole or pantoprazole can be stopped after surgery.

Your surgeon will advise you if you should continue taking any of these medicines.

A small number of patients may require anti-reflux medication again in the future if symptoms return.

Looking after your wounds

Your wounds will usually be closed with dissolvable stitches and covered with water-resistant glue.

You may shower after surgery unless you have been advised otherwise. Pat the wounds dry gently afterwards.

Contact your GP or surgical team if your wounds become increasingly red, swollen, painful, or start to discharge fluid.

Activity and exercise

Regular walking is encouraged and can help your recovery.

Gradually increase your activity as you feel able. Avoid heavy lifting and strenuous exercise for at least 6 weeks after surgery.

Driving

You may drive again when:

- you can comfortably perform an emergency stop
- you are no longer taking strong painkillers that may affect your driving
- you feel able to control the vehicle safely

For most patients this is around 1–2 weeks after surgery.

You may wish to check with your insurance company before returning to driving.

Returning to work

The time needed away from work varies from person to person.

Patients with office-based jobs often return to work after 2–4 weeks.

Patients whose work involves heavy lifting or manual labour may require 4–6 weeks or longer.

Your surgeon can advise you about returning to work based on your operation and recovery.

Follow-up

You will usually be reviewed in the Telemed clinic 6 weeks after your operation.

Section 7: Revision (redo) surgery

Some patients require further surgery because of recurrent symptoms, a recurrent hiatus hernia, or problems after a previous anti-reflux operation.

Revision (redo) surgery is often more complex than first-time surgery and may carry a higher risk of complications.

If revision surgery is being considered, your surgeon will discuss the additional risks and benefits with you.

Section 8: When should I seek urgent medical advice?

Please seek urgent medical advice if you develop:

- increasing abdominal or chest pain
- persistent vomiting
- difficulty swallowing liquids
- shortness of breath
- a high temperature (fever)
- redness, swelling or discharge from a wound
- inability to eat or drink adequately

Contact details

If you have any concerns about your recovery, please contact:

[Upper GI Surgical Team contact details]

Outside normal working hours, please contact NHS 111, your GP, or attend your nearest **Emergency Department if your symptoms are severe.**

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Upper GI Surgery Service

July 2026

Review: July 2029

Oxford University Hospitals NHS Foundation Trust

www.ouh.nhs.uk/information



Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

