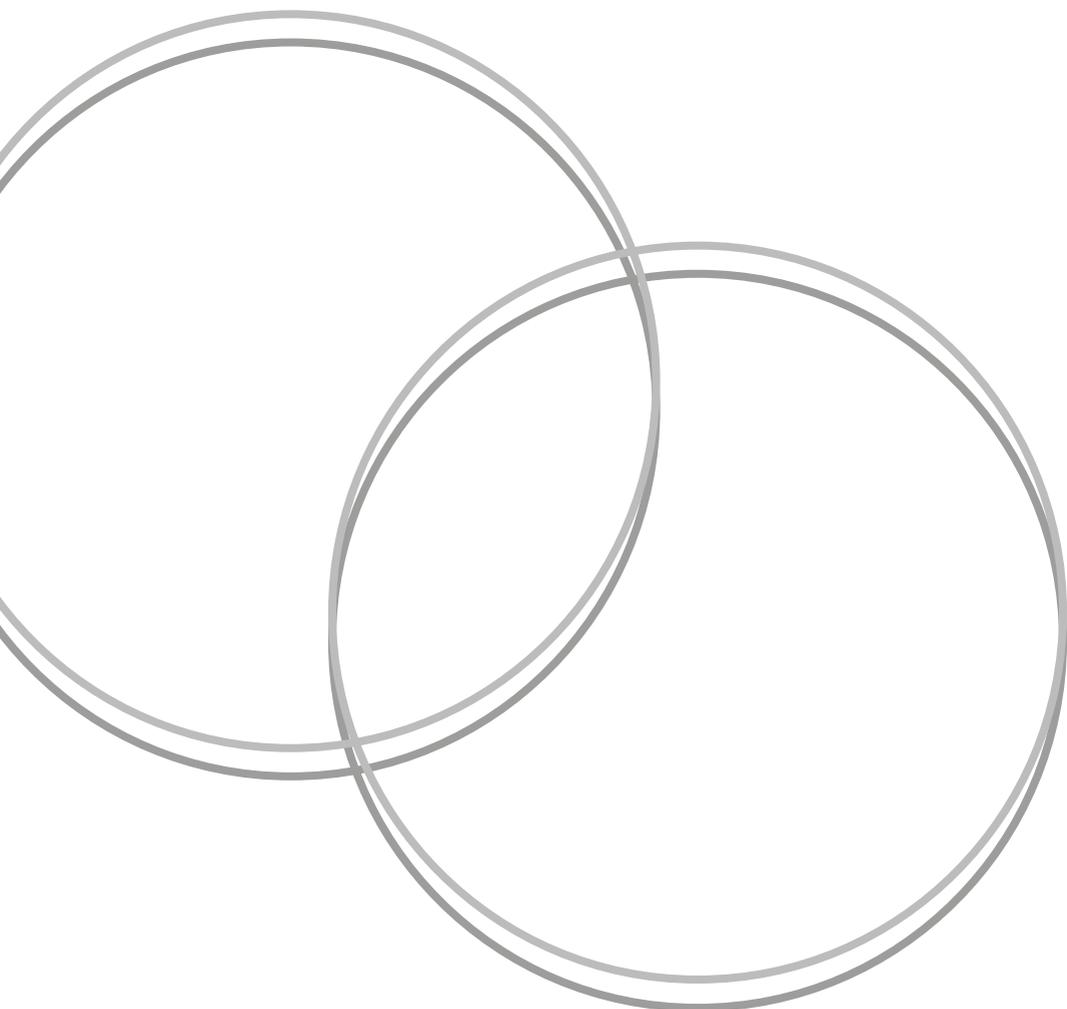


Laparoscopic Nissen fundoplication

(keyhole surgery to relieve chronic heartburn)

Information for patients



What is a laparoscopic nissen fundoplication?

Laparoscopic (keyhole) nissen fundoplication is an operation to relieve chronic heartburn when it cannot be controlled with medication and/or lifestyle changes.

Heartburn is an uncomfortable burning feeling that usually starts in the middle of your chest, behind your breastbone, and moves upwards towards your neck and throat. Heartburn is usually caused when the contents of the stomach is pushed back into the gullet (oesophagus), causing acid in the stomach to irritate its sensitive lining.

The causes may include:

- gastro intestinal reflux disease (when acid from the stomach flows back up into the oesophagus)
- hiatus hernia (when part of the stomach slides into your chest cavity)
- certain foods, smoking and alcohol may make the symptoms of heartburn worse

Surgery can relieve your symptoms of heartburn. However, in a small number of cases the symptoms can come back. Please discuss any concerns you may have with your surgeon.

What does the operation involve?

The surgeon will make 4 - 5 small cuts in your abdomen and insert instruments to carry out the operation. A harmless gas (carbon dioxide) is used to inflate your abdomen to make space for the operation to be performed. This will disperse naturally after the operation.

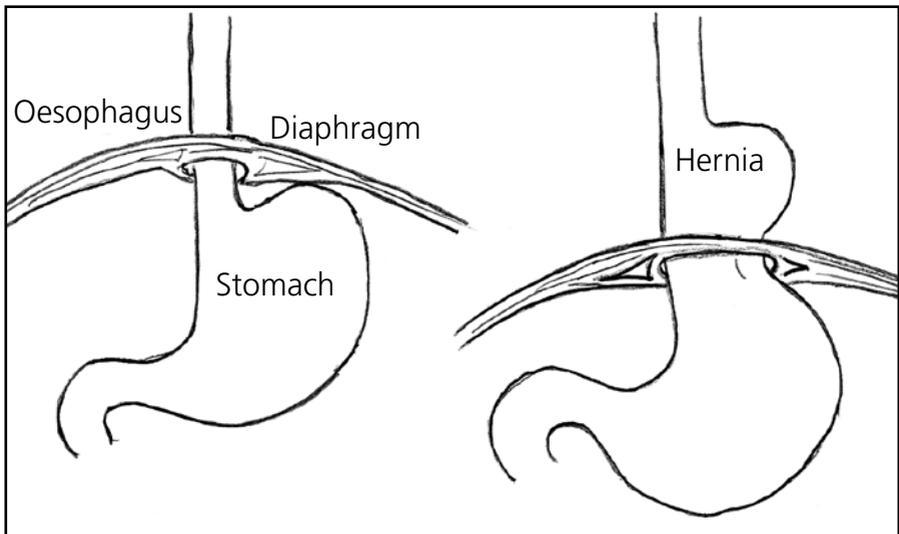
The surgeon will wrap the top part of your stomach around the lower part of your gullet to form a collar. This tightens the closing mechanism at the lower end of the gullet, creating a

one-way valve which prevents stomach acid from moving back into your gullet.

The operation usually takes 60 - 90 minutes.

In a small number of cases the operation cannot be completed by keyhole surgery. The keyhole surgery is then abandoned and converted to an open operation; this requires a larger incision of 6 -10 inches in your abdomen.

You will have stitches that will be either dissolvable or need removing in 7 - 10 days. This is done by the practice nurse at your GP surgery. The nurse looking after you will give you further instructions before your discharge.



Anaesthesia

You will have a general anaesthetic – this means that you will be asleep throughout the operation. More details about the anaesthetic will be given to you at your Pre-operative Assessment visit and by the anaesthetist on the day of surgery.

How long will I stay in hospital?

You will normally stay in hospital for 2-3 days. This may be longer if the open procedure is used.

What are the possible risks?

All operations carry the risk of problems and side-effects.

Specific risks connected to this procedure are:

- Injury to the gullet, stomach, blood vessels and nearby organs. These complications are rare and the surgeon may convert to open surgery to repair any damage.
- 1% of patients (1 in 100) may need further corrective surgery to reduce persistent difficulty in swallowing and/or abdominal bloating.
- A hernia may develop in one of the wound sites (where a part of the bowel sticks out through the weak area of the abdomen) – which may need repairing. This may happen if you put any strain through that area while it is healing.

Common side effects

- The most common side effect is difficulty in swallowing. This is common immediately after the operation and gradually improves. The amount of food you consume may be less and you may have to eat more slowly than you did before the operation.
- Other common side effects are burping, bloating and increased wind (flatus).

Most of these symptoms settle with time.

What happens before the operation?

We will see you in Pre-operative Assessment before you come into hospital for your operation. Various checks will be carried out to ensure you are fit for the operation to go ahead. The operation will be explained to you and the nurses will give you instructions about fasting and about whether you need to stop taking any of your usual medicines. If you have any questions or concerns, this is the time to talk to the doctor or nurse.

Arriving at hospital

On the day of your operation you will be asked to report to Theatre Direct Admissions. Further information will be given to you at your Pre-operative Assessment visit, along with a leaflet about what happens in Theatre Direct Admissions before your operation.

On the ward after the operation

You will wake up in the recovery area. The recovery nurse will check your blood pressure and wound sites. As soon as you are comfortable and your blood pressure is stable, you will be taken to the ward.

On the ward the nurses will monitor your progress and will give you pain relief. You will be encouraged to get up as soon as possible.

After your operation you will be free to drink fluids. Cold drinks are preferable to hot drinks for 24-48 hours after the operation as they can help to reduce the inflammation around the operation site. Following 48 hours hot drinks are recommended thereafter. **Do not** take any fizzy/carbonated drinks.

After the operation / going home

The nurses will give you instructions about pain relief and how to look after yourself when you get home.

Do I need a special diet?

All patients vary in their speed of recovery depending on how badly their gullet (oesophagus) has been affected by their heartburn before surgery, in addition to this how their body responds to the surgical procedure.

Most patients usually return to eating and drinking a normal diet within 4 weeks, but on occasion it can take up to 3 months or sometimes longer.

Weeks 1-4 post- surgery

From the morning after your operation onwards you can start to eat a blended/pureed diet, and this should continue for 2-4 weeks after your operation. You will need to avoid sharp abrasive foods such as crisps, chips, steak, nuts and especially bread, as these may cause pain when swallowing and may also get stuck in your gullet. You may have difficulty in swallowing which gradually improves with time. This may affect the amount of food you consume and you may have to eat more slowly.

To ensure you have a balanced diet try and eat a variety of foods each day and include some fruit and/or vegetables at each meal. These can be pureed in the first 1-4 weeks.

Fluids

Drink plenty of fluids (6-8 glasses/cups per day).

Weeks 4 onwards post-surgery

Your doctor will advise you how long you will need to continue a blended/ pureed diet for, but this is usually for at least 2-4 weeks. After 4 weeks most people can start to progress back onto softer options of a normal diet, i.e. shepherd's pie, fish pie, risotto. Full diet is usually achieved by 4 to 6 weeks.

Try to introduce foods gradually, however, if you do experience any problems, such as difficulty swallowing or pain, then return to soft

foods for the rest of the day and try again the next day. It is a good idea to try different foods to see if you can tolerate them.

If you have problems with vomiting (being sick) then go back to soft foods and try normal (solid) food again when you are feeling better.

This information is only a guide. Your doctor will assess your swallowing and dietary intake at your follow up clinic post-surgery.

Following your surgery, you may find it difficult or impossible to release gas (burping). You are advised to avoid fizzy drinks and any fizzy medication (e.g. soluble aspirin). Only take fizzy drinks, after this time, if you are able to burp.

Helpful hints

- It is quite common to feel full quickly when eating and feel bloated. To avoid this eat small, frequent meals and snacks (see sample menu) instead of three large meals each day.
- Eat slowly and chew your food well before swallowing.
- Eat in an upright position, e.g. sitting at the dinner table, to assist swallowing.
- If foods feels like it is stuck when you are swallowing, try washing it down with a drink. Having a small hot drink before meals and larger hot drink after meals can assist swallowing.
- Soft diets tend to be low in fibre and you may experience constipation as a result of this. To avoid this ensure you drink plenty of fluids and try to include fruit and vegetables at each meal.

Suggestions for meals

Breakfast

- Porridge or instant hot cereal such as “Ready Brek” or “Oat so Simple”.
- Cereals served with hot milk, e.g. Weetabix
- Smooth yoghurts without pips or seeds
- Soft fruits, e.g. stewed apple or pear with sugar
- Scrambled or poached eggs

Savoury meals

- Moist minced meats, e.g. beef, lamb, pork or chicken with sauce or gravy. Try having this with mashed potato:
- Corned beef hash
- Shepherds or Cottage Pie
- Soup, e.g. tinned, homemade or shop bought fresh
- Mashed potatoes. Homemade or instant. Try adding cheese or have with minced meat and gravy
- Baked potatoes (do not eat the skin) with soft filling like cheese or baked beans
- Tinned spaghetti or baked beans
- Macaroni cheese, ravioli or lasagne
- Try to include well-cooked soft vegetables with your meals, e.g. carrots or swede (mash if necessary). Try adding a sauces, gravy, butter or cheese.

Puddings

- Yoghurts with no seeds or pips
- Stewed fruits, e.g. apples or pears or soft tinned fruit like peaches with cream
- Ice cream & jelly
- Mousse
- Crème Caramel / Trifle
- Homemade, tinned or packet varieties are all suitable, e.g. custard, semolina or rice pudding.

Driving

You may drive again when you can confidently perform an emergency stop. This is usually after about 10 days. You may also wish to check with your insurance company about when you are covered to drive again.

Returning to work and resuming normal activities

You will need 3-6 weeks off work depending on the nature of your work. You can resume lifting and strenuous exercise after 6 weeks.

Follow-up

We will give you an appointment to see the surgeon in the Outpatients department six weeks after your operation.

Signs to look out for

You should call your doctor if you develop any of the following symptoms:

- a fever
- unusual degree of pain
- nausea and vomiting and can not eat properly

Further information / questions

If you have any questions or concerns about the information in this booklet, please contact:

Pre Operative Assessment Clinic

Tel: **01865 220640**

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.

This information re diet has been adapted from Aintree University Hospital, NHS Foundation Trust, 2014.

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



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