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Introduction
Acid reflux occurs when acid travels the wrong way up from the stomach into the oesophagus (gullet). It may cause a variety of symptoms including burning in the chest often worse at night time as well as night time coughing and also abdominal pain. It may, when severe, cause damage to your gums and teeth as well as alter your voice.

This reflux can develop at any age and is often worsened by smoking, drinking coffee, eating fatty foods and obesity. Certain drugs may also increase such symptoms and these include painkillers such as Ibuprofen, aspirin and steroids.

What is a laparoscopic fundoplication?
A laparoscopic fundoplication is a keyhole (laparoscopic) procedure to help prevent acid travelling the wrong way into the oesophagus. “Fundoplication” means wrapping the top end of the stomach around the bottom of the oesophagus to form a new valve (this is referred to as the “wrap”). While we intend to perform such an operation laparoscopically, occasionally (less than one per cent of the time) we may need to convert to an open procedure if it is safer.

When is a fundoplication required?
Very often simple measures, like altering your diet and stopping smoking will improve your symptoms. There are also drugs, called proton pump inhibitors (PPI), which are effective at controlling these symptoms. If these fail or if you are not willing to stay on long term medication then an operation would be the next option.
To prove that you have acid reflux that is likely to respond to this surgery we need results from three tests. These are:

- Endoscopy/gastroscopy (to look at the inside of the oesophagus and stomach and ensure there is no other cause for your symptoms).
- 24 hour pH study (to test how often the acid is going up into the oesophagus).
- Oesophageal manometry (to measure the pressure in the oesophagus).
- Occasionally a barium swallow X-ray helps make the diagnosis.

**How should I prepare for the operation?**
You will receive an appointment to attend the pre-assessment clinic up to six weeks before the operation date. This is to ensure all required investigations and blood tests are complete. Please fast from food and drink from the midnight before your operation (or as advised by the pre-assessment team). You will be invited to attend the hospital on the day of the operation. Carry on with your normal medication unless you have been advised otherwise.

**Asking for your consent**
By law we must ask for your consent and will ask you to sign a consent form. This confirms that you agree to have the operation and understand what it involves. Staff will explain the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff again.
What happens during a fundoplication?
Once you have been put to sleep using general anaesthesia, you will have five small cuts made in the upper part of the abdomen to insert the instruments and camera. We put gas (carbon dioxide) into the abdomen to create the space in which we can operate.

There are several ways of forming a “wrap” which are described according to whether the wrap folds around the oesophagus completely (360° or Nissen fundoplication) or partially (180° (Dor fundoplication) or 270° (Toupet fundoplication), for example).

If we need to convert to an open procedure you will have a larger cut in the upper abdomen. The operation takes approximately one hour and a half to two and a half hours.

Who will perform my operation?
The surgeon you meet in clinic is most likely to perform the operation with the participation of members of the Upper GI surgical team. However, occasionally one of the other consultants who specialises in this field will perform it instead. You will be advised of this at the time of your consultation and also when you attend for the operation.

What should I expect after the operation?
Though the cuts are small, some discomfort is normal and we will be giving you painkillers for that. You may also experience shoulder pain whilst the body absorbs the gas we used in the abdomen. As soon as you are up on the ward you will be allowed to drink fluids and we would encourage you to get out of bed as soon as you can. Most often, it is expected that you will be in hospital overnight and we would aim to get you home the following day (late morning) if you are well. We will prescribe you anti sickness medication as well as painkillers to take home.
What can I eat?
Generally speaking the oesophagus will swell up after this operation. Therefore, swallowing will be difficult for a number of weeks and as a result we advise you stay on a fluid diet for the first two days following the operation.

After this period you are advised to stay on a soft/blended/pureed diet for a further two or three weeks. If you eat chunks of meat or bread in this period it may get stuck in the oesophagus and cause you pain and vomiting.

This diet will probably cause you to lose some weight. After the four week period you should re-introduce a normal diet.

Should I continue my anti acid medication?
You should stop this medication immediately after the operation.

When do I have my follow up?
We would like to see you approximately six weeks after the operation and shall send you an appointment accordingly.

What are the risks of a fundoplication?
As explained earlier, it is to be expected that your swallowing will get worse before it gets better. It is vital that you follow the dietary advice given to you. Some of the possible risks associated with this specific procedure are:

- Long term difficulty in swallowing. This may need a further endoscopy to stretch the bottom of the oesophagus. Rarely, we may need to undo the operation if this problem does not resolve.

- Gas bloat. If the wrap works too well then you might not be able to burp or vomit. This happens in about 20 per cent of patients. In this case you may often feel bloated and some people complain of passing more wind as a result!
• Failure to control the acid reflux. This happens in about 10 per cent of people who have this operation. In this case we would perform some tests to ensure the wrap formed is intact. If it is then you will need to restart the anti acid medication.

• Bleeding. Some is expected and in the rare case of severe bleeding we might have to convert the operation to an open one.

• Rarely damage to a nerve near the oesophagus may alter the way the stomach empties. This may cause bloating and nausea.

• Damage to other abdominal organs. This is a rare complication of any keyhole operation (one in 5000 cases) and may need conversion to an open operation to repair the injury.

If you have concerns once home, then either contact your GP or use the contact details given to you during your hospital stay.

**What alternatives are available?**
This operation aims to get you off the anti acid medication. Therefore, the alternative is to take medication to control acid reflux for the long term.

There are currently no other proven ways of curing reflux symptoms.

**Where can I get more information?**
There are other booklets provided by this Trust detailing the pH and manometry studies. Please ask for those if you need them.

Other useful websites include:

Patient.co.uk
www.patient.co.uk/health/Acid-Reflux-and-Oesophagitis.htm

Core
www.corecharity.org.uk/Laparascopic-Fundoplication.html
Contact Details
The team members are:

Muntzer Mughal, Surgeon
Khaled Dawas, Surgeon
Marco Adamo, Surgeon
Majid Hashemi, Surgeon
Andrew Jenkinson, Surgeon
Anton Emmanuel, Gastroenterologist
Lawrence Lovat, Gastroenterologist
Matthew Banks, Gastroenterologist
Rehan Haidry, Gastroenterologist
T6 and T9 ward nurses
The Physiology Laboratory Staff
The Pre-Assessment Team
The Endoscopy Unit Staff

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How to find us

No car parking is available at the hospital. Street parking is very limited and restricted to a maximum of two hours.

Please note the University College Hospital lies outside but very close to the Central London Congestion Charging Zone.