

Nissen's fundoplication

Nissen's fundoplication is an operation to treat severe gastro-oesophageal reflux disease (GORD). GORD is when the contents of your stomach, which are acidic, are brought back up into your oesophagus (the pipe that goes from your mouth to your stomach). The acid causes a burning feeling in your chest behind your breastbone, called heartburn. GORD usually happens because the valve (sphincter) at the join between your oesophagus and stomach doesn't work properly.

During a Nissen's fundoplication your surgeon will wrap the top part of your stomach around the lower part of your oesophagus to tighten the valve. If you also have a hiatus hernia, which is when the upper part of your stomach slides through the diaphragm into your chest, your surgeon will repair it at the same time.

What are the alternatives to Nissen's fundoplication?

Making lifestyle changes, such as stopping smoking, losing weight and reducing your alcohol intake, can improve GORD. Some medicines can also improve your symptoms. Your surgeon will only suggest surgery if medicines don't control your symptoms, you don't want to keep taking them for rest of your life, or they cause side-effects.

Preparing for Nissen's fundoplication

Your surgeon will explain how to prepare for your operation. For example, if you smoke, you will be asked to stop as smoking increases your risk of getting a chest and wound infection, which can slow your recovery.

If you're having Nissen's fundoplication, you will be asked to follow fasting instructions. This means not eating or drinking, typically for about six hours beforehand. Your surgeon will discuss with you what will happen before, during and after your procedure, and any pain you might have. This is your opportunity to understand what will happen, and you can help yourself by preparing questions to ask about the risks, benefits and any alternatives to the procedure. This will help you to be informed, so you can give your consent for the procedure to go ahead, which you will be asked to do by signing a consent form.

What happens during Nissen's fundoplication?

Keyhole surgery is used to carry out the operation, which usually takes about 2 hours. Your surgeon will make five small cuts on your abdomen and use a laparoscope (a narrow telescopic camera) to look inside your body. The camera sends images from inside your body to a monitor, which your surgeon will look at during the operation. Afterwards, he or she will close the skin cuts with stitches.

If you have a hiatus hernia, your surgeon will repair this first. He will then wrap the top part of your stomach around the lower end of your oesophagus to make a new valve, and sew it into place. Like all keyhole operations, it may be necessary to

convert to an open operation if for some reason the operation cannot be safely carried out keyhole, or if there is a complication during surgery which cannot be dealt with using keyhole surgery.

What to expect afterwards

You will need to rest until the effects of the anaesthetic have passed. You may need pain relief to help with any discomfort as the anaesthetic wears off.

You may have difficulty swallowing in the first few weeks after your operation. This is normal and is caused by swelling. To help with this, take small mouthfuls of soft or sloppy food and eat slowly. Your swallowing should return to normal after a month or so.

The amount of time your dissolvable stitches take to disappear depends on the type of stitches you have. However, for this procedure, they should usually disappear in about 10 days. Your nurse will give you some advice about caring for your healing wounds before you go home. You will be given a date for a follow-up appointment.

Recovering from Nissen's fundoplication

It usually takes about six weeks to recover completely from Nissen's fundoplication, but this varies between individuals, so it's important to follow your surgeon's advice. If you need pain relief, you can take over-the-counter medicines, such as paracetamol or ibuprofen. Always read the patient information leaflet that comes with your medicine and if you have any questions, ask your pharmacist for advice.

What are the risks?

As with every procedure, there are some risks associated with Nissen's fundoplication. The chance of these happening are specific to you and differ for every patient. Ask your surgeon to explain how these risks apply to you.

Side-effects

These are the unwanted but mostly temporary effects you may get after having the procedure, for example feeling sick as a result of the general anaesthetic.

About 90% of patients have a good result from surgery, with no reflux and no need to take anti-acid medication. The most common side-effect is difficulty swallowing, which should gradually improve. You will be advised to have a liquid diet for a week or so after your operation and then eat soft foods for a week or two. Other side-effects include bloating, abdominal pain, wind and diarrhoea, which can last for two weeks. You may find that you can't belch or vomit after the operation. You may also find that you have more flatulence after the operation. About 10% of patients will have long-term difficulty swallowing, bloating, excess flatulence or persistent reflux after the operation.

Complications

Complications are when problems occur during or after the operation. The possible complications of any operation include an unexpected reaction to the anaesthetic, infection, excessive bleeding or developing a blood clot, usually in a vein in the leg (deep vein thrombosis, DVT). Other complications of Nissen's fundoplication include damage to your oesophagus, stomach, blood vessels and nearby organs, especially the spleen. Any of these may require conversion to an open operation. You may find that the symptoms of GORD come back if the new valve loosens over time or comes undone, or if you put on a lot of weight. If this happens, you may need another operation at some point in the future.

If you have any questions at all about the operation, please ask your surgeon.