YOUR OPERATION - WHAT IS IT?

**Laparoscopic Fundoplication –**

a surgical operation for the treatment of

gastro-oesophageal reflux. The Fundus (top of the stomach) is wrapped around the bottom of the oesophagus in order to strengthen and support the lower oesophageal sphincter.

**Nissen (360°) –**

The fundus is wrapped three quarters of the way around the intra-abdominal oesophagus and sutured at the front.

**Toupet (270°) –**

The fundus is wrapped three quarters of the way around the intra-abdominal oesophagus and sutured at the sides.

**Anterior / Dor Procedure (180°) –** a loose wrap usually performed on patients with decreased peristalsis of the oesophagus.

Other procedures requiring a laparoscopic fundoplication:

**Heller’s Cardiomyotomy –** a muscle fibres of the lower oesophagus are cut and rejoined, a fundoplication is then performed.

**Para-oesophageal Hernia repair –** is the reduction of a rolling type hiatus hernia with a diaphragmatic repair and a laparoscopic fundoplication

WHAT TO EXPECT AFTER YOUR OPERATION

• After a general anaesthetic you may be drowsy

• You may have general neck / throat ‘soreness’

and

• Will most likely have a dry mouth

• A nurse will monitor your vital signs – blood pressure, pulse, temperature, respirations and oxygen saturations regularly for the first 4 hours post-operatively

• The nurse will also ask you to rate your pain on a scale of 0 – no pain to 10 – worst pain imaginable and administer pain relief medication as necessary

• After your procedure, you will **NOT** be able to eat or drink for four (4) hours - then you will commence on a clear fluid diet

• If you tolerated clear fluids your diet will be upgraded to Free Fluids at the next meal time

• If you tolerated free fluids your diet will be upgraded to a special diet Laparoscopic Nissens Fundoplication diet (LNF). You will need to remain on this diet for 4 weeks (see additional handout)

• If you tolerate this diet you will be able to go home

POST OPERATIVE PERIOD

• You will usually have an intravenous Cannula ‘drip’

• There will be 5 small incisions on your abdomen

• You may have nausea, shoulder tip pain or

abdominal bloating

• There can be some numbness and or swelling

at the incision sites

**LENGTH OF STAY IN HOSPITAL** - Please try and have transport arranged for your discharge the day after surgery unless otherwise instructed - Discharge time will be after lunch if admitted for 1 night and will be after breakfast if admitted for 2 nights

**DISHARGE PLANNING – GOING HOME**

* Following your discharge, it is very important that you give yourself time to recuperate and heal - Follow the dietary guidelines slowly upgrading the texture of your diet, you should be able to tolerate a full diet by 5-6 weeks - It will be difficult to belch, so where possible you should avoid ‘fizzy’ drinks
* You may have increased flatus ‘wind’, abdominal cramps, diarrhoea or constipation following this procedure
* Wound Care – Leave dressings on for 5 days post discharge, then remove and wash wound in shower. All stitches are underneath the skin, so nothing has to be removed. Observe for signs of infection such as increased redness, swelling, pain, ooze or heat and report to local GP or emergency department
* Be sure to take all prescribed medications
* You will need to make an appointment for 4 weeks to see the clinic nurse, Dr Barbour will also see you at this time

**Gastro Intestinal and Soft Tissue Clinic**

**Greenslopes Private Hospital**

 **LAPAROSCOPIC**

 **FUNDOPLICATION**

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