

Anti-reflux surgery Information for patients

What is Gastro Oesophageal Reflux Disease (GORD)

GORD occurs when the muscular valve (sphincter) that separates your oesophagus (food pipe) and stomach doesn't work properly leading to acid irritation.

Additional causes include:

- A hiatus hernia that occurs when part of the stomach squeezes up into the chest through an opening (hiatus) in the diaphragm. Many but not all patients have a hiatus hernia.
- Certain foods, being overweight, smoking and alcohol can increase symptoms.

GORD can cause an uncomfortable burning feeling that usually starts in the middle of the chest and moves upwards towards the neck and throat. The symptom of heartburn is typically caused when the contents of the stomach, which is acidic, is pushed back into the oesophagus (food pipe) irritating its sensitive lining.

When is anti-reflux surgery required?

Very often simple measures such as altering your diet and stopping smoking will improve your symptoms.

A number of different medications may also be used to treat or control your symptoms including proton pump inhibitors (PPI), antacids and H₂-receptor antagonists.

Patient preference, intolerance of medication or if medication fails to work are reasons for considering anti-reflux surgery. Prior to this several tests will be undertaken to demonstrate that you have GORD and that is likely to respond to surgery. You should bring any medication that you are currently taking to your pre-assessment appointment.

- Endoscopy (to look inside the oesophagus and stomach)
- 24 hour PH study (to test how much acid returns to the oesophagus)
- Oesophageal manometry (to measure the pressure in the oesophagus and lower valve)
- Barium Swallow (to rule out other causes for your symptoms/confirm reflux)

What does anti-reflux surgery involve?

The surgeon will make 5 small cuts in your abdomen and use a harmless gas (carbon dioxide) to inflate the abdomen and create space for instruments used during the operation. The gas will disperse naturally following the operation.

The surgeon will wrap the top part of your stomach around the lower part of the oesophagus to create a one way valve that will hopefully prevent stomach acid from moving back into the oesophagus so easily. If you have a hiatus hernia, this is repaired at the same time.

The operation usually takes between 60 and 90 minutes.

In a small number of cases the operation cannot be completed using keyhole surgery. The surgeon may feel that it is in your best interests to convert to an open procedure that requires a larger incision in your abdomen.

What are the benefits/risks?

90% of patients usually have an improvement in their symptoms following surgery. There is however a 5% risk of no improvement of symptoms and a 5% risk of worsening of symptoms.

Specific risks to this procedure include:

- Injury to the oesophagus, stomach, spleen, blood vessels and surrounding organs and structures. These complications are rare and may require further surgery to repair any damage.
- Conversion to an open procedure.
- There is a small chance of a hernia developing in one of the wound sites. This usually happens if you strain during the healing process.
- Slippage or failure of the wrap.
- Recurrence of a hiatus hernia.
- Rarely major complications occur which can be life threatening. However the risk of death following anti-reflux surgery is very rare (about 1:1000).

Side effects

- Difficulty swallowing. This is common immediately after surgery but usually improves with time. Occasionally an extended period of a modified soft diet or an endoscopic procedure (a test to look inside your body) to dilate the affected area is required.
- Abdominal bloating and increased wind.
- Inability to vomit/belch are common side effects.

How long will I be in hospital?

This will be determined during your pre-operative assessment. You would normally come into hospital on the day of your surgery and spend 1 to 2 days in hospital. This may be longer if the open technique is used.

What happens before the operation?

Prior to admission you will need to have a pre-operative assessment. This is an assessment of your health to make sure you are fully prepared for your operation and discharge. The pre-operative assessment nurses will help you with any worries or concerns that you may have and will give you advice on any preparation needed for your surgery.

Before your date of admission to hospital, please read the instructions given to you. You will be given specific instructions about when to stop eating and drinking, please follow these carefully as otherwise this could be an anaesthetic risk and we may have to cancel your surgery. You should bath or shower before coming to hospital.

On admission to the ward a member of ward staff will welcome you. The nurses will look after you and answer any questions you may have. You will be asked to change into a theatre gown. The surgeon, specialist nurse and anaesthetist will visit you and answer any questions that you have. You will be asked to sign a consent form. A nurse will go with you to the anaesthetic room and stay with you until you are asleep. A cuff will be put on your arm, some leads placed on your chest, and a clip attached to your finger. This will allow the anaesthetist to check your heart rate, blood pressure and oxygen levels during your operation. A small plastic tube will be put in the back of your hand using a needle. This will be used to give you the medication to send you off to sleep. Preventing Deep Vein Thrombosis (DVT)

Your risk for DVT will be assessed on the day of your operation and you may require an injection of medicine to prevent blood clots. In addition you may be asked to wear anti-embolic stockings that should ideally be worn until you are back to your usual level of activity (usually 24 hours). If you need to wear them for longer than 24 hours, you should remove them for 30 minutes each day.

If possible, avoid long periods of immobility, if you feel more tired than usual it is still important that you try to mobilise to promote circulation. For instance mobilising around the house or going for short walks.

What happens after the operation?

You will be transferred to a surgical ward. Your blood pressure, pulse and wounds will be monitored closely. You will normally be able to get out of bed as soon as you feel well enough to although the nurses may assist you the first time. The nurses will ensure that your pain is controlled.

It is important to try and avoid vomiting after anti-reflux surgery. If you feel sick inform a member of nursing staff straight away who will provide you with anti-sickness medication.

The consultant medical team will review you every day and advise you of the plan of care.

In most cases antacid medications (PPIs/ ranitidine) can be discontinued following surgery. Sometimes occasional use of these medications is required. Your surgeon will be able to advise you on the need for continued use of these medications.

When you are discharged your GP will be notified of your discharge. A hospital follow-up appointment will be arranged for you.

How much pain should I expect?

It is normal to have wound pain after surgery and your tummy may feel quite bloated and tender. This should start to subside after a few days. After about 10 days most of the soreness should disappear. You may also notice that you have a slightly sore throat. This is due to the breathing tube placed in your throat during surgery and should subside in a day or so. After your discharge, if you have any queries or problems with your painkillers you can seek advice from your local GP or Pharmacist.

What can I eat after surgery?

You will need to cut up and blend most foods for at least 4 weeks following surgery. Eating foods that can be swallowed as a paste without any solid lumps (minced meat, mousse and yogurt) will help prevent complications. After this period a gradual transition to a normal diet should be undertaken. However if there is a sensation of sticking then you should revert back to the soft texture.

If you try to eat larger pieces of food (toast, chicken, steak) too early there is a risk of getting food stuck which can be very uncomfortable and potentially cause disruption of the wrap and failure of your procedure.

It is important to avoid fizzy drinks as burping may be difficult or impossible for some time after surgery.

Before discharge, the dietitian will provide you with information about the most suitable diet to follow including suggestions of foods you can eat.

What daily activities can I do?

You can return to normal physical activities when you feel comfortable. After a week or so, you should be able to resume light daily activities. You should avoid heavy lifting and vigorous exercises for at least four weeks.

When can I start driving?

Before driving you should ensure that you can perform a full emergency stop, have the strength and capability to control the car, and be able to respond quickly to any situation that may occur. It is advisable to speak to your insurance company prior to driving to make sure you are insured.

When can I return to work?

You can return to work as soon as you feel well enough. This will depend on how you are feeling and the type of work that you do.

How do I care for my wounds?

If there are any dressings in place, you can remove them 24-48 hours after your operation. For the first few days after your operation we advise you to have a shower. If you do not have a shower, a short bath would be better to prevent any wounds becoming 'soggy'. There is no need to apply further plasters unless you feel it would be more comfortable to do so.

The surgical cuts/wounds will usually be closed with staples. The ward nurses will supply you with information of how to arrange an appointment with the practice nurses at your GP surgery to remove them. The surgical cuts/wounds will probably be red and uncomfortable for 1-2 weeks and some bruising and swelling is common. After the wound has healed there will be a small, scar like scratch. These scars first appear pink, but over the next few months they will become less and less noticeable. There may be some bumpiness and bruising around the scars, but these will gradually improve. You may also notice numb patches in the skin around the incisions. Whilst in most cases sensation will gradually return, occasionally the numbness may be permanent.

Occasional aches and twinges in the scars can persist for several months. Rarely, an infection may develop during the first few weeks after surgery. Symptoms include increasing tenderness, pus-like discharge, swelling and redness of the wounds. If this occurs you may need some antibiotics to resolve the infection and discomfort.

When should I seek help?

- If you have a discharge of blood or pus coming from your wounds
- If you develop fever or vomiting symptoms for several days
- Persistent pain not relieved with your prescribed painkillers
- Persistent abdominal distension (bloating of your tummy)
- Significant difficulties swallowing food
- Increasing pain, tenderness or swelling around your wounds

Who can I contact if I have any concerns after discharge?

If you have any concerns or feel unwell once home after the operation, please contact the Surgical Assessment Unit (SAU) on 01274 364413 or 01274 364414 to speak with a member of the medical team who will offer advice. The department is open 24 hours a day.

Smoking - Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.

Wristbands - When you are in hospital it is essential to wear a wristband at all times to ensure your safety during your stay.

The wristband will contain accurate details about you on it including all of the essential information that staff need to identify you correctly and give you the right care. All hospital patients including babies, children and older people should wear the wristband at all times.

If you do not have a wristband whilst in hospital, then please ask a member of staff for one. If it comes off or is uncomfortable, ask a member of staff to replace it.

People with hearing and speech difficulties

You can contact us using the Relay UK app. Textphone users will need to dial 18001 ahead of the number to be contacted.

If you need this information in another format or language, please ask a member of staff to arrange this for you.