Northumbria Healthcare NHS
NHS Trust

Gastro-Oesophageal Reflux Disease

& Anti-Reflux Surgery

Your appointment details

Date …… Time ……..

Place ……

Department of Upper Gastrointestinal Surgery
Northumbria Health Care NHS Trust

What is Gastro-oesophageal Reflux Disease (GORD)?

Gastro-oesophageal reflux disease is a condition which allows acid to reflux from the stomach back up in to the oesophagus (gullet). This may cause a number of symptoms including a burning sensation in the middle of the chest or just below the neck (heartburn). This is one of the main symptoms of G.O.RD. In severe cases it may cause both acid and partly digested food to reflux in to the mouth.

What causes GORD?

When you eat, food travels from your mouth, through the oesophagus (gullet) and in to the stomach. At the bottom of the oesophagus there is a one way valve (sphincter) which allows food to pass from the gullet in to the stomach and close immediately afterwards. If the valve does not function properly, it may allow acid to reflux back in to the oesophagus – G.O.R.D. This may cause irritation and inflammation to the lining of the oesophagus.

What sort of thing can make G.O.R.D worse?

- Some people are born with a weak sphincter at the bottom of the oesophagus
- Fatty foods
- Tight clothing
- Being overweight
- Drinking alcohol
- Smoking

How is G.O.R.D treated?

G.O.R.D may be treated in three ways:

1. *Lifestyle changes*

   Changes in diet, losing weight, reducing alcohol intake and stopping smoking may be effective in relieving some of the symptoms of G.O.R.

2. *Drug Treatment*

   Medicines which may reduce the symptoms of G.O.R.D aim to:

   - Neutralise the acid in your stomach
   - Create a barrier to prevent acid refluxing from your stomach up in to the oesophagus
   - Reduce the amount of acid produced by your stomach

- Stop acid production in your stomach

3. *Surgery*

   Patients who have symptoms that are not helped by drug treatment or lifestyle changes may be considered for surgery. In most cases, surgery is carried out Laparoscopically (key-hole surgery). This technique aims to avoid a large abdominal incision and scar.

How is Laparoscopic Anti-Reflux Surgery Performed?

This operation is sometimes referred to as a Nissen Fundoplication.

- You will be given a general anaesthetic so that you are asleep throughout the operation
- Five small incisions are made. Surgical instruments, including the laparoscope (telescope) are passed through these incisions in to the abdomen
- Gas is pumped in to the abdomen through a small incision above the umbilicus (belly button) to expand the space inside. This will allow the surgeon a clear view of the internal organs
- The laparoscope is connected to light source and a video camera which gives the surgeon a magnified view of the internal organs on a television screen
- The valve between the gullet and the stomach is reinforced by wrapping the upper part of the stomach around the lower part of the oesophagus
- The entire operation is carried out inside the abdomen and there is usually no need for a large incision

What are the Advantages of Laparoscopic Anti-Reflux Surgery?

- Research has shown that the majority of patients are either symptoms free or notice significant improvements in their G.O.R.D symptoms after surgery
- Reduced post operative pain
- Shorter stay in hospital (approximately 1 – 3 days)
- Faster return to work
- Improved cosmetic result

What are the risks of Anti-Reflux Surgery?

Although the operation is considered relatively safe, complications may occur as in any other surgical procedure e.g.

- Adverse reaction to anaesthetic
- Bleeding
- Injury to internal organs
- Infection to the wound, blood or abdomen
- Thrombosis (clots) to the legs

What happens if the operation cannot be performed Laparoscopically?

In a small number of cases, it is not possible to carry out the operation Laparoscopically due to difficulty in viewing or handling the abdominal organs effectively. In these cases the surgeon may convert to an open procedure which will result in a larger incision to the abdomen. Factors that increase the possibility of converting to an open procedure may include:

- Obesity
- A history of previous abdominal surgery which may have caused internal scar tissue (adhesions)
- Bleeding problems during the operation

Are there any side effects to the operation?

Long term side effects are generally uncommon; however some patients may develop the following:

- The ability to belch and vomit may be limited
- Increased bloating and flatus (wind)
- Initially a slight weight loss may be experienced after surgery

- Temporary difficulty in swallowing may be experienced two to three days after surgery. This will gradually settle. Occasionally a simple procedure to stretch the oesophagus may be required. A repeat operation is rarely needed.

- Approximately one in twenty patients experience no improvement in their reflux symptoms

What should I expect after surgery?

- You will be encouraged to resume light activity when you first get home

- Post operative pain is normally mild and should be controlled by mild pain killers such as Paracetamol

- Anti-reflux medication should not be required after surgery

- Normal activities of daily living can usually be resumed within two to three weeks of surgery

What can I eat and drink?

- Directly after surgery fluids are introduced gradually. If these are tolerated a soft diet such as porridge, soup, custards and yoghurts can be tried. Your diet should then be gradually increased to more solid but soft foods

- Diet should be modified for the first two to three months after surgery

Are there any foods that I should avoid?

Foods to be avoided in the first few weeks are:

- Bread – you may find this sticks in the oesophagus
- Large pieces of meat – this may also stick in the oesophagus
- Fizzy drinks (they can create excess gas and may cause discomfort)

For General Information

0845 60 60 647
Northumbria Healthcare Website
www.northumbria-healthcare.nhs.uk

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What to expect after Anti-Reflux Surgery

Department of Upper Gastrointestinal Surgery
Northumbria Health Care NHS Trust

This leaflet is designed to give you information on what to expect after you are discharged from hospital following anti-reflux surgery.

Wound Care

The five small wounds are closed with ‘skin glue’ or stitches that dissolve and do not need to be removed. If you have a dressing over the wounds, this should be left in place for 48 hours after which time you can bath or shower normally.

Pain Control

You will naturally experience some pain and discomfort after your operation. Regular painkillers (In syrup form) should be taken to ensure this is controlled i.e. Paracetamol. If you experience severe pain despite taking regular painkillers, please contact your Nurse Specialist for advice.

Bowels and Bladder

You should not experience any difficulty in opening your bowels or passing urine following your operation. However, you may be prone to constipation when taking some painkillers.

Occasionally some patients suffer from diarrhoea after their operation but this normally settles quickly.

Hiccoughs

Some people occasionally suffer from prolonged episodes of Hiccoughs; this is due to irritation of the diaphragm during the surgery. If this does not settle please contact a member of the surgical team.

Activity

You should expect to resume normal activities approximately 4 to 6 weeks following your surgery. Driving should be avoided until you can perform an ‘emergency stop’ without hesitation.

Follow Up Arrangements

You will normally be seen by the surgical team in the Out Patients department approximately 6 weeks following your surgery.

Help and Advice

If you experience any severe pain, vomiting or difficulty in swallowing, please contact your Nurse Specialist on the telephone number provided.

Diet

You may notice in the first few weeks following your surgery, that some foods tend to 'stick' in your gullet (oesophagus). It is advisable to modify your diet for the first 2 to 3 months, eating slowly and chewing food thoroughly.

It is recommended that for the first 2 to 3 weeks after surgery, you should eat a soft sloppy diet e.g. soups, custards, porridge and yoghurts. As you feel your swallowing improves, try foods with a little more texture such as mince meat, mashed potato and soft fruits. It is important to include a variety of foods in your diet such as meat, fish, cereals, potatoes, pasta, cheese, fruit and vegetables. It often helps to drink in between mouthfuls.

You will gradually find that you are able to return to your normal diet within three months but do not worry if this takes a little longer than expected. It is sensible to avoid bread, cakes, large pieces of meat and fizzy drinks for the first 3 months (bread, cakes and large pieces of meat may stick in the gullet (oesophagus) and fizzy drinks can cause bloating and discomfort).

If you require more structured information a diet sheet can be provided.

Problems

If you feel that food has become stuck in your gullet, ***do not panic***! Try sips of water which may help the food move in to the stomach. It may also help to stand up and walk around. If neither of these measures helps, please contact your Nurse Specialist.

Notes or Additional Information:

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