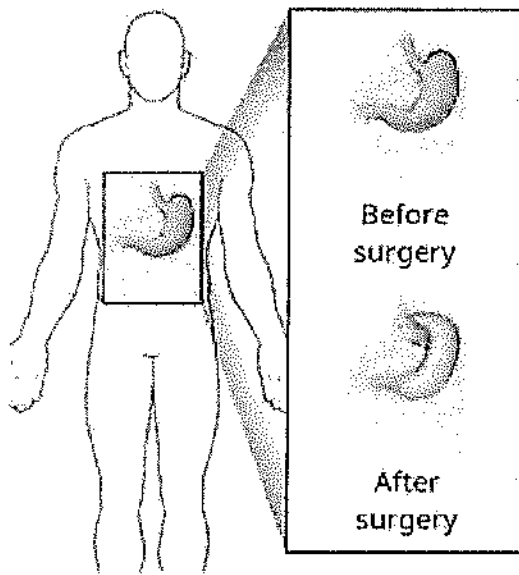


Laparoscopic Nissen Fundoplication



Laparoscopic Nissen fundoplication is a surgery to relieve heartburn and other problems caused by fluid from your stomach (*gastric fluids*) flowing up into your esophagus. The esophagus is the part of the body that moves food from the mouth to the stomach. Normally, the muscle that sits between the stomach and the esophagus (*lower esophageal sphincter*, LES) keeps stomach fluids in the stomach.

In some people, the LES does not work properly, and stomach fluids flow up into the esophagus (*reflux*). This can happen when part of the stomach bulges through the LES (*hiatal hernia*). The backward flow of stomach fluids can cause a type of severe and long-lasting heartburn that is called gastroesophageal reflux disease (GERD). You may need this surgery if other treatments for GERD have not helped. In this procedure, the upper part of your stomach is wrapped around the lower end of your esophagus and stitched together (*sutured*). This tightens the connection between your esophagus and stomach to prevent stomach acid reflux.

Tell a health care provider about:

- Any allergies you have.
- All medicines you are taking, including vitamins, herbs, eye drops, creams, and over-the-counter medicines.
- Any problems you or family members have had with anesthetic medicines.
- Any blood disorders you have.
- Any surgeries you have had.
- Any medical conditions you have.
- Whether you are pregnant or may be pregnant.

What are the risks?

Generally, this is a safe procedure. However, problems may occur, including:

- Infection.
- Bleeding.
- Damage to other structures or organs. This can include damage to the lung, causing a collapsed lung.
- Trouble swallowing (*dysphagia*).
- Blood clots.

- Allergic reactions to medicines.

What happens before the procedure?

Staying hydrated

- Follow instructions from your health care provider about hydration, which may include:
 - Up to two hours before the procedure - you may continue to drink clear liquids, such as water, clear fruit juice, black coffee and plain tea.

Eating and drinking restrictions

- Follow instructions from your health care provider about eating and drinking, which may include:
 - 8 hours before the procedure – stop eating heavy meals or foods, such as meat, fried foods, or fatty foods.
 - 6 hours before the procedure – stop eating light meals or foods, such as toast or cereal.
 - 6 hours before the procedure – stop drinking milk or drinks that contain milk.
 - 2 hours before the procedure – stop drinking clear liquids.

Medicines

- Ask your health care provider about:
 - Changing or stopping your regular medicines. This is especially important if you are taking diabetes medicines or blood thinners.
 - Taking medicines such as aspirin and ibuprofen. These medicines can thin your blood. **Do not** take these medicines unless your health care provider tells you to take them.
 - Taking over-the-counter medicines, vitamins, herbs, and supplements.

Tests

Your health care provider will do tests to plan the procedure. This may include:

- An exam using a flexible scope passed down your esophagus into your stomach (*endoscopy*).
- Imaging studies.

General instructions

- Plan to have a responsible adult take you home from the hospital or clinic.
- Ask your health care provider:
 - How your surgery site will be marked.
 - What steps will be taken to help prevent infection. These steps may include:
 - Removing hair at the surgery site.
 - Washing skin with a germ-killing soap.
 - Taking antibiotic medicine.
- **Do not** use any products that contain nicotine or tobacco for at least 4 weeks before the procedure. These products include cigarettes, chewing tobacco, and vaping devices, such as e-cigarettes. If you need help quitting, ask your health care provider.

What happens during the procedure?

- An IV will be inserted into one of your veins.
- You will be given medicine in your IV to help you relax (*sedative*) just before the procedure and a medicine to

make you fall asleep (*general anesthetic*).

- You may have a tube placed through your nose into your stomach to drain stomach acid during the procedure (*nasogastric tube*).
- The surgeon will make a small incision in your abdomen and insert a tube through the incision.
- Your abdomen will be filled with a gas. This helps the surgeon see your organs better, and it makes more space to work.
- The surgeon will insert a thin, lighted tube (*laparoscope*) through the small incision. This allows your surgeon to see into your abdomen.
- The surgeon will make several other small incisions in your abdomen to insert the other instruments that are needed during the procedure.
- Another instrument (*dilator*) will be passed through your mouth and down your esophagus into the upper part of your stomach. The dilator will prevent your LES from being closed too tightly during surgery.
- The upper part of your stomach will be wrapped around the lower part of your esophagus and will be stitched into place. This will strengthen the lower esophageal sphincter and prevent reflux.
- If you have a hiatal hernia, it will be repaired.
- The gas will be released from your abdomen.
- All instruments will be removed, and the incisions will be closed with stitches (*sutures*).
- A bandage (*dressing*) will be placed on your skin over the incisions.

The procedure may vary among health care providers and hospitals.

What happens after the procedure?

- Your blood pressure, heart rate, breathing rate, and blood oxygen level will be monitored until you leave the hospital or clinic.
- You will be given pain medicine as needed.
- Your IV will be kept in until you are able to drink fluids.
- You will be encouraged to get up and walk around as soon as possible.

Summary

- Laparoscopic Nissen fundoplication is a surgery to relieve heartburn and other problems caused by gastric fluids flowing up into your esophagus.
- You may need this surgery if other treatments for GERD have not helped.
- Follow instructions from your health care provider about eating and drinking before the procedure.
- Your surgeon will use a thin, lighted tube (*laparoscope*) that is inserted through a small incision, allowing the surgeon to see into your abdomen.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your healthcare provider.