

Transoral Incisionless Fundoplication

Transoral incisionless fundoplication (TIF) is a procedure to rebuild the valve between the stomach and esophagus. The esophagus is the part of the body that moves food from the mouth to the stomach. TIF is done to treat gastroesophageal reflux disease (GERD), a condition in which acid from your stomach flows up into your esophagus (*reflux*) and causes heartburn. You may have TIF if lifestyle changes and other medical treatments have not improved your condition.

During this procedure, a long, flexible scope with a camera (*endoscope*) is passed through your mouth to the area where the stomach meets the esophagus. The endoscope projects images onto a screen. TIF does not involve surgical incisions or stitches (*sutures*). The valve is rebuilt with a device that is inserted through the endoscope. The rebuilt valve prevents 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:

- Bleeding.
- Allergic reactions to medicines or dyes.
- Damage to the stomach or esophagus.
- Pain in the throat, shoulder, or chest.
- Difficulty swallowing.
- Gas and bloating.
- Nausea and vomiting.

Rarely, the procedure fails and does not relieve symptoms.

What happens before the procedure?

Staying hydrated



Follow instructions from your health care provider about hydration, which may include:

- Up to 2 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

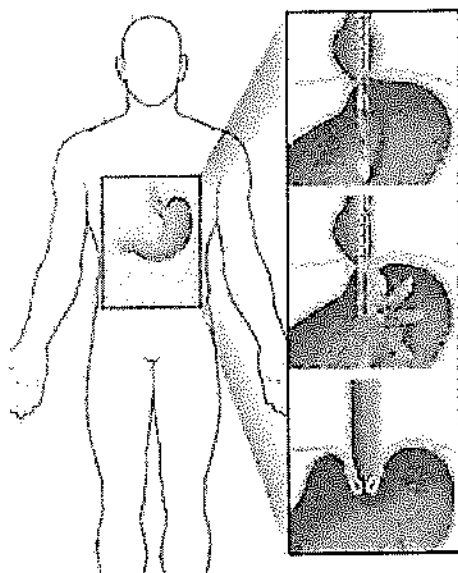
Follow instructions from your health care provider about eating and drinking, which may include:

- 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 eating, and drink only clear liquids.
- 2 hours before the procedure – stop drinking clear liquids.

General instructions

- 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.
- You may have testing, such as:
 - Tests to examine your stomach with an endoscope.
 - Imaging studies of your stomach and esophagus.
 - Tests to measure acid levels in your stomach and esophagus.
- **Do not** use any products that contain nicotine or tobacco, such as cigarettes and e-cigarettes. Smoking increases GERD and may delay your healing. Try to quit smoking before surgery. If you need help quitting, ask your health care provider.
- Plan to have someone take you home from the hospital or clinic.
- Plan to have a responsible adult care for you for at least 24 hours after you leave the hospital or clinic. This is important.

What happens during the procedure?



- To lower your risk of infection, your health care team will wash or sanitize their hands.
- An IV will be inserted into one of your veins.

- You will be given one or more of the following:
 - A medicine to help you relax (*sedative*).
 - A medicine to make you fall asleep (*general anesthetic*).
- After you are asleep, the endoscope will be passed through your mouth and down your esophagus to your stomach.
- To guide the movement of the endoscope during the procedure, your surgeon will watch images that are projected from the camera onto a screen.
- When the endoscope reaches the opening between the stomach and esophagus, the device that creates a new valve will be inserted through the endoscope.
- The device will rebuild the valve by using plastic fasteners to wrap a portion of the upper stomach around the esophagus. This new, narrower valve will prevent reflux.
- The device and the endoscope will be removed when the procedure is complete.

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 the medicines you were given have worn off.
- You will be given pain medicine.
- You will start on a liquid diet at first.
- You will be given home care instructions when you are able to go home.

Summary

- TIF is a procedure to treat gastroesophageal reflux disease (GERD).
- In this procedure, the valve between your stomach and esophagus is rebuilt to prevent stomach acid from flowing up into your esophagus (*reflux*).
- This procedure is done using an endoscope, and it does not require incisions or stitches (*sutures*).

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.