Laparoscopic Anti-Reflux Surgery – Patient Information Leaflet

Introduction

Laparoscopic anti-reflux surgery, also called fundoplication (Nissen or Toupet), is an operation designed to prevent stomach contents from flowing back up into your food pipe (oesophagus). It's typically recommended when medications don't work well or aren't suitable for long-term use.

What is Gastro-Oesophageal Reflux?

Gastro-oesophageal reflux happens when acid and other stomach contents move back up into the oesophagus.

Symptoms may include:

- Heartburn (burning sensation behind the breastbone)

- Pain or discomfort when swallowing

- A sour taste in the mouth

- Sore throat or hoarseness

- Chest infections caused by inhaling refluxed contents

In some cases, people may have no symptoms at all. If untreated, reflux can lead to:

- Scarring or narrowing (strictures) of the oesophagus

- Barrett's oesophagus (a rare pre-cancerous condition)

Who might benefit from anti-reflux surgery?

Most people with reflux respond well to anti-acid medications and don't need surgery. However, surgery may be appropriate if you:

1. Don't get complete symptom relief with medication

2. Get good relief but prefer not to take medication long-term

3. Experience side effects from medication

4. Have a large hiatus hernia (part of the stomach moves into the chest)

What does the surgery involve?

- Performed under general anaesthetic using keyhole (laparoscopic) surgery

- Five small cuts (less than 1 cm each) are made in the abdomen

- A camera and keyhole surgery instruments are used to perform the operation

If you have a hiatus hernia, it is repaired by tightening the opening in your diaphragm (called the hiatus) through which the oesophagus passes.

The top of your stomach is then wrapped around the bottom of your oesophagus:

- Nissen fundoplication – a full (360°) wrap

- Toupet fundoplication – a partial (270°) wrap

The choice of technique depends on your symptoms, test results, and anatomy. The operation takes about 90 minutes, with total time in the surgical suite around 3 hours.

What should I expect after surgery?

In hospital:

- You'll be allowed to drink fluids shortly after surgery

- You can eat soft, sloppy food the next day

- Most patients go home the day after surgery

At home:

- Eat only soft and sloppy food (like mashed potato, cottage pie) for 8 weeks to allow healing

- Avoid food that is dry or hard to chew

- Stay well hydrated

Activity:

- Avoid driving for 2 weeks, or until you can do an emergency stop without pain

- Plan for 2 weeks off work

- Avoid heavy lifting or strenuous activity during early recovery

What are the risks of surgery?

Early (immediate) risks:

- Bleeding

- Infection (wound or chest)

- Damage to nearby organs (oesophagus, stomach, spleen, liver, or lung lining)

Short-term risks:

- Difficulty swallowing

- Recurrent reflux

- Blood clots (legs or lungs)

- Rare: reactions to anaesthetic, heart attack, or stroke

What are the side effects of surgery?

- Swallowing may feel different, especially during the first few weeks

- Some patients find it difficult to burp or vomit

- Increased flatulence (wind) is common

- Over time, the effect of surgery may weaken, possibly leading to return of symptoms

- Most patients don't need further surgery, but some may resume medication in the future

What other treatment options are available?

Non-surgical options:

- Anti-acid medications (usually effective for most people)

- Lifestyle changes:

    - Weight loss

    - Avoiding alcohol, caffeine, and spicy foods

    - Eating smaller evening meals

    - Sleeping with your upper body raised

Other surgical or procedural options:

- LINX device (magnetic ring around oesophagus)

- Reflux Stop device

- Endoscopic procedures (e.g., Stretta or endoscopic fundoplication)

Note: Only the LINX device is in widespread use. These procedures may not be offered by all surgeons and I do not offer them. LINX and Reflux Stop are in clinical trials within the NHS in Oxford but not routinely offered locally.

Recovery Timeline

Time after surgery	What to expect
Day of surgery	Drink fluids, aim home next day
Days 1-2	Quiet recovery at home, eating soft / sloppy foods
Week 1-2	No driving or heavy lifting, rest and recuperate
Weeds 3-8	Continue soft food, gradually increase activity
After 8 weeks	Resume normal diet and full activities

What to do if you have concerns after surgery

If you feel very unwell or need urgent medical attention, call 999 or attend your local emergency department, ensuring to inform them of your recent operation.

If you are concerned but do not need emergency attention, please contact my secretary by email or telephone and I will contact you as soon as possible.