



Surgery for gastro-oesophageal reflux disease

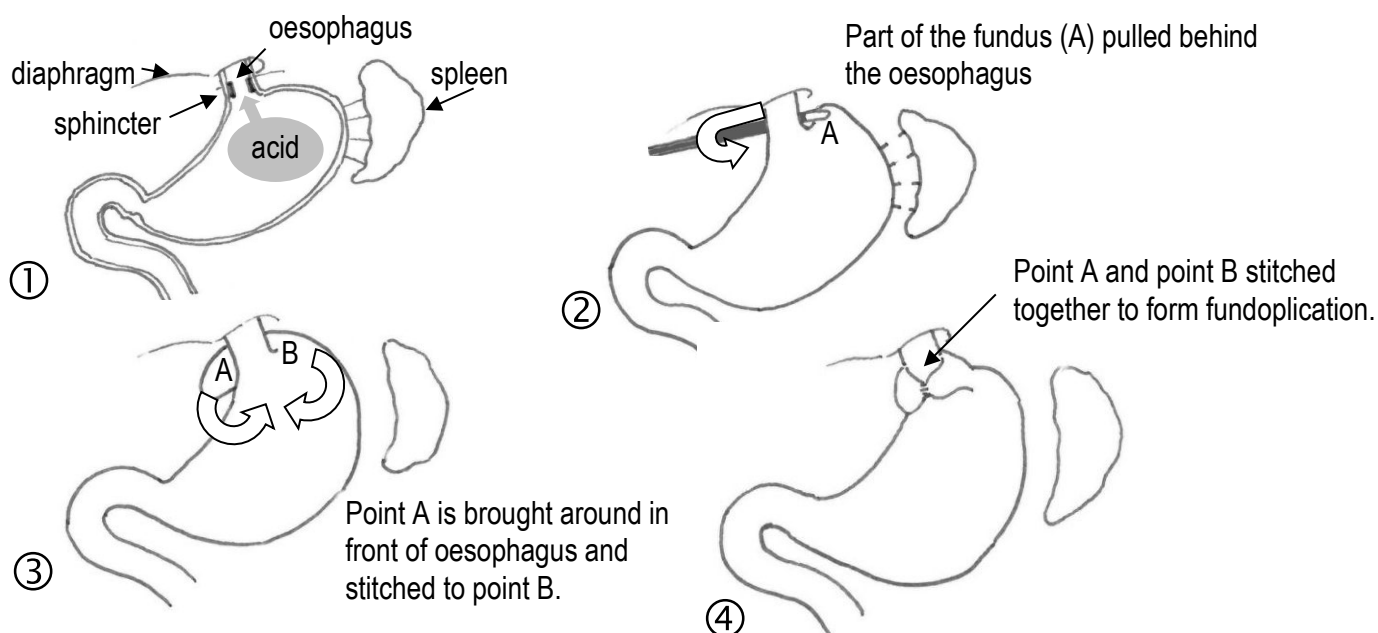
This leaflet aims to answer some of the questions you may have following surgery for gastro-oesophageal reflux disease (GORD). Please do not hesitate to ask if there is anything further you would like to know.

What is GORD?

The disorder from which you are suffering is known as gastro-oesophageal reflux or GORD. In this disorder there is a weakening of the sphincter muscle that normally keeps the stomach acid within the stomach. This muscle weakness allows damaging gastric acid to flow back into your gullet (oesophagus), causing the symptoms of heartburn, regurgitation and inflammation of the oesophagus (known as oesophagitis).

What does surgery involve?

This condition can be alleviated by surgery (known as anti-reflux surgery). During the operation the lower portion of the gullet is freed from the diaphragm and then the edge of the stomach is freed from the spleen. The stomach wall is then passed behind the gullet and is stitched to itself so forming a collar of stomach around the lower gullet (known as fundoplication) – rather like a tyre around a wheel hub.



The surgery can be performed by keyhole (laparoscopic) method or by conventional open surgery. The advantages of the keyhole approach are the speed of recovery post-operatively and the ability to return to work rapidly. Usually five incisions of 0.5cm to 1cm length are made

on the abdominal wall. Through these cuts are introduced the camera and the instruments used for the procedure. The surgery lasts for approximately 1-2 hours and your stay in hospital will usually be no more than 24 hours.

Not everyone is suitable for keyhole surgery and rarely (less than 1%) patients have to be converted from keyhole to open surgery because of technical difficulties. In these cases, the patient will have an abdominal incision; the post-operative stay in hospital is approximately 3-5 days with a return to work of about 3-8 weeks, depending upon the individual.

Side effects of surgery

It is wise to remember that all surgery has side effects. The specific ones relating to anti-reflux surgery are as follows:

- **Difficulty in swallowing solid food** (e.g. meat and bread).
- **Feeling full after small meals.**
Both these side effects are very common in the first six weeks after surgery, but disappear in the majority of patients. In approximately 5% (1 in 20) patients, these side effects may persist and require further treatment.
- **Flatulence (wind).** Most patients notice some increase in flatulence post-operatively.
- **Burping and vomiting.** A few patients find restriction in the ability to burp and vomit, but this is usually temporary.
- **Recurrence of symptoms.** All operations have their failures. Figures indicate that 90-95% of patients will be free of reflux symptoms 10 years after surgery.
- **Removal of the spleen.** In a **very few** patients (less than 1%) the spleen may have to be removed because of injury during surgery. If this is the case, it may be necessary to take antibiotics for a while after surgery but your surgeon would advise on this.
- **Diarrhoea.** Some patients experience diarrhoea the first few weeks. Very rarely, surgery can affect the nerves to the intestine, resulting in persistent diarrhoea.

Advice after surgery

- **Eating.** Avoid bread, meat, roast and boiled potatoes as well as wind-producing foods such as baked beans, onions, cabbage and turnip for at least four weeks.
- **Drinking.** Avoid fizzy/carbonated drinks for four weeks.
- **Stitches.** Stitches are usually dissolvable. Your nurse will inform you if otherwise.
- **Work / Exercise.** Patients may return to work between 2-4 weeks following surgery, depending on the type of work they do. Eighty per cent of patients return to work after three weeks. Avoid heavy physical work and exercise for four weeks.
- **Driving.** You may be fit to drive after one week. Make sure you can do an emergency stop comfortably before you resume driving.

Post-operative investigations

A telephone or video follow-up outpatient appointment will be arranged for you, six to eight weeks following surgery.

About your surgeon

The surgical team consists of Mr Michael Booth, Ms Marianne Sampson, Mr James Ramus, Mr Mohammed Mahmalat and Mr Greg Jones, who are all experienced in keyhole anti-reflux surgery.

Useful numbers

General Surgical Unit	0118 322 7535 or 7539
Surgical Assessment Unit	0118 322 7541
Clinical Admin Team 3:	0118 322 6890 or email rbb-tr.cat3@nhs.net

If you have any concerns during the 24 hours following your discharge from hospital, please phone the ward to which you were admitted. After 24 hours; please seek advice from your GP.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Dept of General Surgery, September 2024

Next review due: September 2026