

Surgery for gastro-oesophageal reflux disease

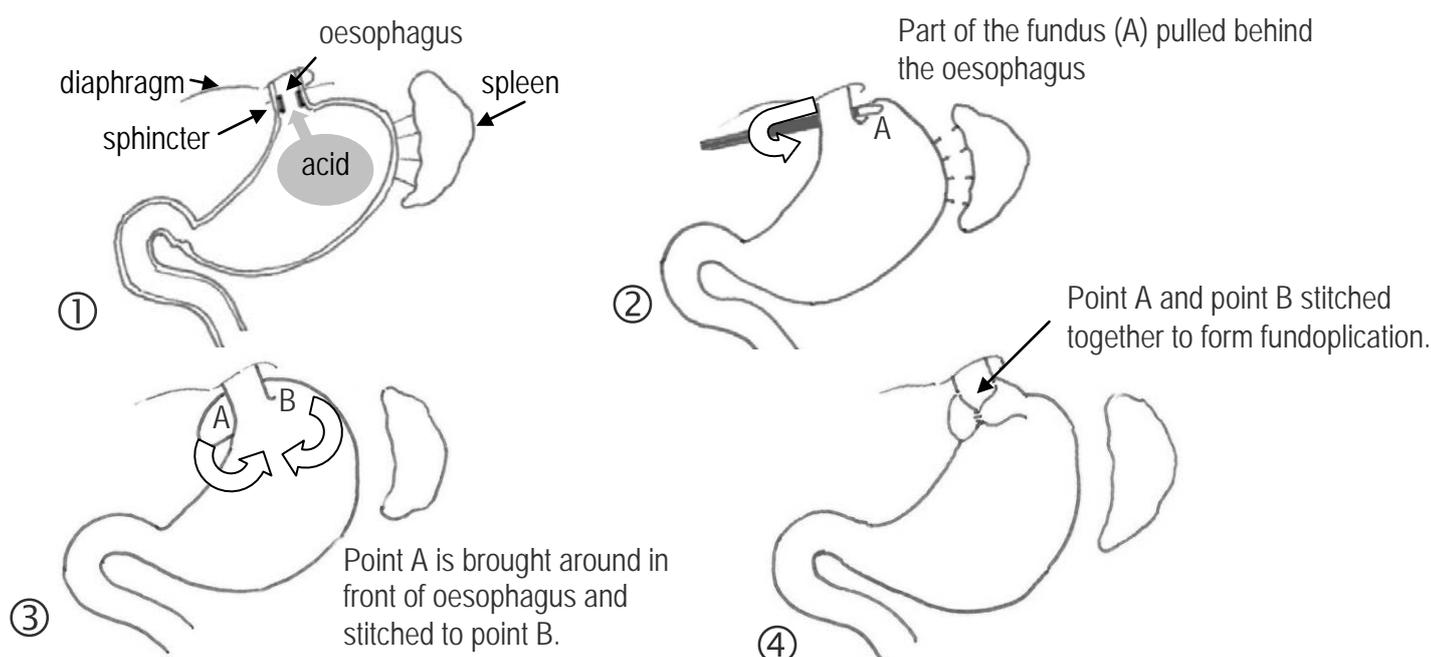
This leaflet will try to answer some of the questions you may have following surgery for gastro-oesophageal reflux disease (GORD). Please do not hesitate to ask if there is anything further you would like to know.

Introduction

The disorder from which you are suffering is known as gastro-oesophageal reflux. In this disorder there is a weakening of the sphincter muscle which 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).

Surgery

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 5 incisions of 0.5 to 1.0 cm 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 (<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% of 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.
- *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 follow-up outpatient appointment with your consultant surgeon will be made for you upon discharge or soon after. This will be arranged six to eight weeks following surgery.

Who to contact if you have a problem

If you are having any difficulties, advice will be sought from one of the Upper GI Surgical Team. Contact the GI Physiology Practitioners on: **0118 322 7725**. This service is open Monday to Thursday. If you leave a message on our voicemail we will contact you as soon as possible. If you need urgent medical advice, please call your own GP or ring NHS 111

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.

Donations

The equipment needed for keyhole surgery is very expensive and much of such equipment at the Royal Berkshire Hospital has been provided by charity – The Red Cross Society, The Welton Foundation and Digital Equipment Co. Charitable Fund. We are very grateful to these charities for the purchase of this equipment.

Obviously, equipment needs continual updating and replacing. Any donations towards this, however large or small, will be most gratefully received.

Cheques may be sent to:

The Oesophageal Fund
c/o Mr M Booth
Department of Surgery
Royal Berkshire NHS Foundation Trust
London Road
Reading RG1 5AN

For more information about the Trust, visit our website at www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

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