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Laparoscopic Nissen Fundoplication

What is a laparoscopic Nissen fundoplication?

A laparoscopic Nissen fundoplication is the surgical treatment for gastroesophageal reflux disease or GERD. Patients who suffer from GERD experience a burning sensation as acid flows back from the stomach to the esophagus. During the procedure, the valve between the esophagus and stomach is strengthened. This is done by wrapping and securing the upper part of the stomach (fundus) around the lower part of the esophagus.

Details of the procedure

What happens on the day of surgery?

You will report to a pre-operative nursing unit, where you will change into a hospital gown. A nurse will review your chart and confirm that all paperwork is in order. You will be taken to a pre-operative holding area, where an anaesthesiologist will start an IV. Before any medications are administered, your surgeon will verify your name and the type of procedure you are having. You will then be taken to the operating room. After the appropriate form of anesthesia is administered, surgery will be performed.

What type of anesthesia will be used?

You will have a pre-operative interview with an anaesthesiologist, who will ask you questions regarding your medical history. A laparoscopic Nissen fundoplication is performed under general anesthesia. With a general anesthetic, you will be asleep during your surgery.

What happens during surgery, and how is the surgery performed?

To perform laparoscopic surgery, your surgeon will make four to five small incisions and insert tube-like instruments through them. The abdomen will be filled with gas to aid the surgeon in viewing the abdominal cavity. A camera, inserted through one of the tubes, will display images on a monitor located in the operating room. Other instruments will be placed through the additional tubes. In this manner, your surgeon will be able to work inside your abdomen without using a larger incision. Your surgeon will wrap the upper portion of your stomach around the lower portion of your esophagus and secure it.

This procedure can also be performed with the open method if the laparoscopic method is not an option. The open method requires a single large incision in the middle of the abdomen.

What happens after the surgery?

Once the surgery is completed, you will be taken to a post-operative or recovery unit where a nurse will monitor your recovery. You will be given instructions on how to care for your incision(s). Pain may occur at the incision site so your physician may prescribe pain medication. You will be scheduled for a follow-up appointment within two weeks after your surgery.

How long will I be in the hospital?

Most patients can expect to spend one night in the hospital. This varies depending upon the patient and the surgery. You will need someone to drive you home after you are discharged from the hospital.

What are the risks associated with a laparoscopic Nissen fundoplication?

As with any surgery, the risk of an adverse reaction to anesthesia, bleeding, and infection are present.

The risks associated with Nissen fundoplications specifically are:

- *Dysphagia [problems with swallowing] for up to 6 weeks*
- *Pneumothorax [collapsed lung] which is usually treated easily by inserting a chest tube*
- *Gas bloating and increased flatulence after the procedure*
- *Splenic injuries which may lead to removal of the spleen*
- *Damage to the esophagus and stomach during the procedure*

What should I watch out for?

Be sure to call your doctor if any of the following symptoms appear:

- *Persistent fever over 100o F or chills*
- *Increased abdominal swelling or pain*
- *Persistent nausea or vomiting*
- *Persistent cough or shortness of breath*
- *Drainage from any incision*

Will there be scar(s)?

If the procedure is performed laparoscopically the incisions should heal well, leaving small scars. If the open method is used, a larger scar will be present.

When can I return to work and resume normal activities?

This can vary from patient to patient. You will be encouraged to return to normal activities, such as showering, driving, walking up stairs, light lifting and work, as soon as you feel comfortable. Some patients can return to work in a several days while others prefer to

wait longer. You should not engage in heavy lifting or straining for six to eight weeks after open surgery. If taking narcotic medications for pain, you should not drive

Kindly make arrangements with the office of Dr WP de Beer to obtain a medical certificate(sick note), if required.

NB!!! IF THE WARD DID NOT BOOK A FOLLOW-UP APPOINTMENT, PLEASE CALL THE ROOMS TO DO SO.