

Fundoplication

Fundoplication is a surgical procedure used to treat uncontrolled gastroesophageal reflux disease or hiatal hernia.

During fundoplication surgery, the upper part of the stomach (fundus) is folded (plicated) around the lower end of the esophagus, and stitched into place. This helps to strengthen the closing function of the esophageal sphincter and keep stomach acids out of the esophagus.

If you have on-going intractable GERD, non-surgical options have been tried before fundoplication is considered. These may include medications, changes in diet, and weight loss. When these treatments don't relieve symptoms well enough, surgery may be an option. Surgery is also a good option for patients with complications from GERD, such as ulcers, narrowing of the esophagus (strictures), or Barrett's esophagus (damage to the lower esophagus from persistent acid reflux).

A hiatal hernia is a condition in which part of the stomach pushed up through the diaphragm. This weakens the esophageal sphincter and prevents it from working properly, which can cause reflux, difficulty swallowing and pain. During the surgery, this opening in the diaphragm may be stitched to make it narrower. This keeps the top of the now plicated stomach in the abdomen where it belongs. Fundoplication is usually done using a laparoscopic surgical method, but it is sometimes done using traditional open surgery.

How is the Procedure Done?

During the procedure, you will be under general anesthesia (asleep and unable to feel pain). Before your surgery, an IV will be placed in your arm, and medication will be given to help you relax. Once you are in the surgical suite, you will be given general anesthesia.

If you are having open surgery, a long incision will be made across your upper abdomen.

Laparoscopic surgery is a minimally invasive technique that avoids having to make a large incision to access the stomach and esophagus. Instead, several very small incisions are made in your abdomen. The laparoscope, a thin tube with a lighted camera on the end, is inserted into one of these holes so the surgeon can see the inside your abdomen on a video monitor. Other specialized surgical tools are placed in the other incisions.

How Do I Prepare for the Procedure?

- On the day before your procedure, the Ambulatory Surgery Center (ASC/3 West) will call you between **1p.m. and 3p.m.** with your arrival time for the next day. If you do not receive a call by 3 p.m. on the day before your procedure, please call **716-845-8476** for your arrival time.
- If you have diabetes and take insulin, talk to your primary doctor about how to take your insulin on the day of the surgery.

Some over-the-counter and prescription medications can interfere with normal blood clotting and may increase the risk of bleeding. If you take medications to treat or prevent blood clots, talk to your doctor about when, or if, you should stop taking your medication before surgery.

If your doctor gives you different instructions, always follow your doctor's instructions.

7 days before the procedure, stop taking: <ul style="list-style-type: none">• aspirin (no need to stop if only taking 81 mg/day)• herbal supplements• garlic tablets• vitamins								
5 days before the procedure, stop taking: <ul style="list-style-type: none">• warfarin (Coumadin® or Jantoven®)• clopidogrel (Plavix®) Note: For certain procedures, your doctor may tell you to stop this medication 7 days before								
3 days before the procedure, stop taking non-steroidal anti-inflammatory medications (NSAIDs): <table><tr><td>• ibuprofen (Advil®/ Motrin®)</td><td>• etodolac (Lodine®)</td></tr><tr><td>• naproxen (Aleve®/Anaprox®)</td><td>• diclofenac (Voltaren®)</td></tr><tr><td>• piroxicam (Feldene®)</td><td>• meloxicam (Mobic®)</td></tr><tr><td>• sulindac (Clinoril®)</td><td>• ketoprofen</td></tr></table>	• ibuprofen (Advil®/ Motrin®)	• etodolac (Lodine®)	• naproxen (Aleve®/Anaprox®)	• diclofenac (Voltaren®)	• piroxicam (Feldene®)	• meloxicam (Mobic®)	• sulindac (Clinoril®)	• ketoprofen
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• sulindac (Clinoril®)	• ketoprofen							
1 day (24 hours) before your procedure, stop taking: <ul style="list-style-type: none">• enoxaparin (Lovenox®)								

- **Nothing** to eat or drink after midnight before the procedure. This includes gum, candy, lollipops, water, coffee. On occasion, we may instruct you to drink 8 oz apple juice the morning of the procedure. This will be dependent on your specific stomach issues.
- On the morning of your surgery, take only the medications approved by your anesthesiologist, with a very small sip of water. If you are unsure about any of your medications, please call the Anesthesia and Preoperative Center at **716-845-1673**.

What to Expect - After Your Procedure

- You will be transferred to a general surgical floor for your stay. You may be in an IMCU (intermediate care unit) bed.
- You may be attached to a cardiac monitor that shows your heart rate and rhythm, blood pressure, and oxygen level.
- You will wake up with a small tube inserted through your nose and into your stomach to control secretions and allow healing.
- Over time, your diet will slowly advance from liquids back to soft foods and solids.
- You may have pain from the incisions. You will receive pain medication through an intravenous (IV) line, or by mouth.
- To prevent pneumonia after surgery, you must do your coughing and deep breathing exercises. The nurses and respiratory therapists will show you how to use an “incentive spirometer.” **It is VERY important that you cough up secretions and take deep breaths to prevent pneumonia.** We may take chest x-rays to monitor you.
- You will be at risk for developing blood clots in your legs so we will put wraps around your legs that inflate and deflate. This helps keep the blood moving so blood clots do not form. You may be on a mild blood thinner medication as well.
- The best way to stop blood clots from forming is to walk as early as possible. Walking can also help to get your bowels working again, and to exercise your lungs. Your ability to get around helps us determine when you can safely go home.

What to Expect - When Discharged Home

- You will get instructions at discharge. Continue using the spirometer – 10 breaths every 1-2 hours.
- You will work closely with a registered dietitian nutritionist (RDN) to make sure you are getting enough calories while you recover.
- You may shower, unless instructed otherwise. Showering may cause fatigue, shortness of breath, or pain. You may need someone to help you. Do not scrub the incisions - allow soap and water to run over them. Pat them dry.
- Keep your incisions clean and dry. Leave them open to air as much as possible to promote healing. Tight clothing may irritate your incision.
- You may be placed on some activity restrictions which will be reinforced upon discharge. The standard is to avoid lifting over 20 pounds for 2 months.
- You will be sent home with pain medications. Since pain medication can be constipating, we will give you a prescription for a stool softener to use while you are on the pain medications if needed.
- You may not drive until your doctor gives you the OK. You should have someone with you the first time you do drive. Pain may prevent you from being able to turn your head to drive safely.
- You will be seen for a postoperative visit 1-2 weeks after the surgery. If you have stitches, they will be removed at this visit.

When to Call Your Doctor

Call your doctor immediately if you:

- have increased shortness of breath or difficulty breathing
- have chest pain that gets worse and/or is not controlled by your medication
- can't swallow
- have a fever of 100.5°F (38°C) or higher
- have increased redness, drainage, or swelling around the incisions
- any uncontrolled nausea, vomiting, belching, bloating, acid reflux, diarrhea, or constipation

Questions or Concerns

Call the Thoracic Center at **716-845-3167** if you have any problems or questions. The Center is open Mon - Fri from 8:00 a.m. to 5:00 p.m.

During evenings, weekends, and holidays, please call the main hospital at **716-845-2300** and our Call Center staff will assist you.

Notes
