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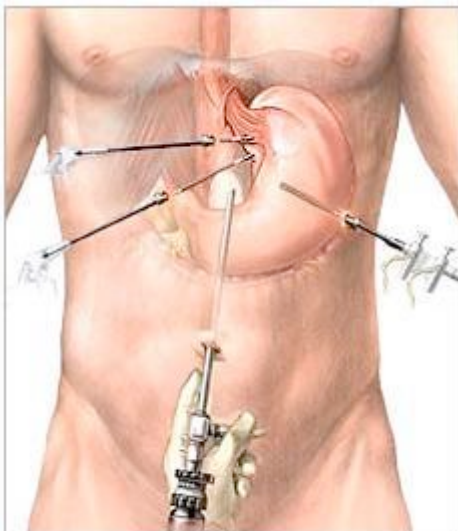
Laparoscopic Antireflux Surgery

In general, surgery is recommended when medical therapy fails. Occasionally, patients will opt for surgery as an alternative to lifelong medical therapy.

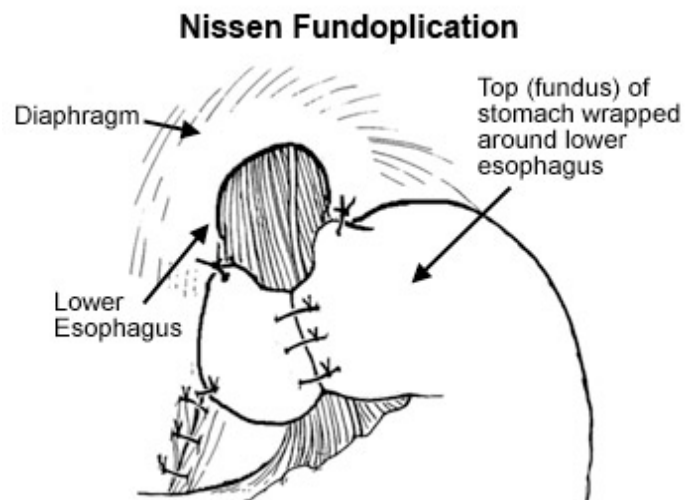
A general anesthetic is used. Surgery generally lasts about 1 ½ hours. Usually, five small incisions are required, and the operation is performed laparoscopically.

The Operation

If a hiatal hernia is present, this is repaired with sutures. A portion of the stomach (fundus) is used, wrapping it around the esophagus, creating a valve preventing reflux.



Fundoplication procedure



Postoperative Activities/Restrictions

Patients usually spend the night in the hospital, and a liquid diet is usually given the night of surgery. The following day a soft diet is prescribed and the patient is discharged. A soft diet is continued for approximately 2 weeks.

It is important to avoid activities involving lifting, pulling, or pushing objects greater than 15 lbs for the first 6 weeks after surgery. Your surgeon may ask you to refrain from these activities for a longer period of time if a large hiatal hernia was present. Such activities place mechanical shear forces on the diaphragm and the fundoplication, potentially allowing the hernia repair to tear or the fundoplication to come undone. If nausea occurs, request medication from your doctor immediately to avoid retching or vomiting.

Results

Laparoscopic Nissen fundoplication is a well proven therapy for gastroesophageal reflux disease, with over 90% of patients being highly satisfied on 8 to 10 year follow-up.

Complications may include recurrent hiatal hernia, recurrent reflux, difficulty swallowing, gas bloat, and diarrhea.

Due to swelling of the wrap used to prevent your reflux, the following two short term effects are noted in **most** patients after reflux surgery:

1. Difficulty swallowing some foods (dysphagia).
2. Abdominal bloating and pain after eating foods that distend the stomach (gas bloat syndrome).

These symptoms last from two to six weeks. The following diet instructions minimize these symptoms by alerting you to foods that tend to be difficult to swallow or distend the stomach.

STAGE 1: CLEAR LIQUID DIET

When to Start: Night of Surgery. Later, drop back to STAGE 1 if you have problems with STAGE 2.

Your Diet:

- Small meals of clear liquids 3-4 times daily.
- Avoid extreme temperatures.
- Drink slowly.
- Allow cold foods to melt in mouth.
- No carbonated drinks for 3-4 weeks!

STAGE 2: SOFT DIET

When to Start: Morning after surgery. Continue at this stage for 3 days after surgery or as tolerated.

Your Diet:

- Soft foods (foods you could eat if you didn't have teeth).
- Eat or drink slowly over a 1-hour period until you feel full.
- Chew your food well.
- Drink fluids with food to keep food moist.
- Limit the following "gas-forming / irritating" foods. Tomato products, peppermint, black pepper, caffeine, alcohol, onions, green peppers, "gum chewing", menthol, fatty foods, beans, spicy foods, nuts, citrus fruits, raw fruits, raw vegetables, fiber supplements.
- Avoid breads, crackers, biscuits, pancakes, waffles, and French toast.
- Avoid dry meats (like cold cuts).
- No carbonated drinks for 3-4 weeks

STAGE 3: TRANSITION TO REGULAR DIET

When to Start: About 3 days after surgery.

Your Diet:

- Soft diet as above.
- Begin introducing more challenging foods one at a time.
- If they cause symptoms, avoid them and try reintroducing them at a later date.
- Drop back to Stage 2 as needed for bloating or difficulty swallowing.
- For bloating try taking GAS-X® (available over the counter) with meals.
- No carbonated drinks for 3-4 weeks

STAGE 4: REGULAR DIET

When to Start: 3 to 6 weeks after surgery

Your Diet:

Regular healthy diet

R Macdonald, MD