

currently under investigation. These are experimental at the moment and not licenced for routine use in patients

What does the operation involve?

The operation is designed to restore the valve mechanism at the bottom end of the gullet and this new valve then prevents reflux of acid from occurring. It is performed using keyhole techniques. There are usually 5 small incisions (all < 1cm in length).

You will usually be admitted to hospital on the day of surgery and can expect one or sometimes two nights in hospital. You will need some blood tests prior to surgery. The operation is carried out under a general anaesthetic and normally takes between one and two hours.

What to expect before anti-reflux surgery

Before proceeding to anti-reflux surgery, it is likely that your surgeon or physician will want you to undergo a series of tests. The first test is likely to be an endoscopy where a tube is passed down the gullet to look at the oesophagus and assess the degree of damage that is being caused by the acid. Following this two further tests are often performed; one is oesophageal manometry which determines how your gullet works. It demonstrates whether the sphincter between your gullet and oesophagus has broken down and it ensures that your gullet is working normally (has normal peristalsis). The second test that is likely to be performed is 24 hour pH manometry. In this test a fine probe is placed in the lower part of your gullet so that the amount of acid that flows into the gullet can be measured over a 24 hour period. This shows just how much acid refluxes each day.

What are the advantages of laparoscopic anti-reflux surgery?

The advantages over the old open operation relate to the small incisions used. They include shorter hospital stay (normally 1 night), faster return to normal activity, less post operative discomfort and a much improved cosmetic result.

What are the risks of Laparoscopic anti-reflux surgery?

The risk of complications from laparoscopic anti-reflux surgery are considerably less than with open anti-reflux surgery. However complications may occur as with any operation. They include anaesthetic complications, bleeding, injury to the oesophagus, stomach or very rarely the spleen. Complications after the operation may include wound or chest infection although these are unusual with the Laparoscopic technique. Occasionally for one reason or another the operation it may not be possible to complete the operation using keyhole techniques and conversion to an open operation may be required.

What can you expect after the operation?

You will normally be discharged on the first post operative day. Depending on the method of skin closure you may or may not need stitches or staples removing from the wounds. The nurse will advise you prior to your discharge. For a few days after the operation you may need some gentle pain killers. These should not be necessary after about 5-7 days. Your anti-reflux medication can stop at the time of the operation and should not be necessary thereafter. If, when you go home, you vomit, have severe pain or severe difficulty in swallowing, you should call the hospital for advice.

You will have some difficulty with swallowing in the early weeks following surgery. This will be most marked with dry food such as bread and large chunks of meat. You will be advised to eat a fairly sloppy diet (mash, mince etc) to start with until the post operative swelling around the new valve settles. You may also find it less easy to belch or vomit and may experience some discomfort from wind after meals. All of these symptoms tend to settle with time.

Long term side effects are uncommon. You may notice an increased passage of wind (flatus) per rectum. One of the problems of inserting a valve between the stomach and the gullet is that air cannot be freely belched out. This means that the air passes through the intestines and leads to more air being expelled through the back passage.

Where can I get further information?

You can get further information by visiting the website below.

www.keyholesurgery.net