

The Nissen Fundoplication Post-operative instructions

What is a Nissen Fundoplication?

The Nissen Fundoplication is a surgical procedure to treat Gastroesophageal Reflux Disease (GERD), which is also called acid reflux and heartburn. With GERD, as the stomach empties, some of the contents are squeezed back into the esophagus (food tube). These acidic stomach contents are irritating and may cause pain or burning in the esophagus. This can lead to irritability, poor feeding, damage to the esophagus and pneumonia/respiratory tract infections. Reflux may cause vomiting after eating. If the GERD is severe, the child may have trouble gaining weight because he/she throws up most of the food.



Dr Monja Proctor



Dr Edwin Hatch



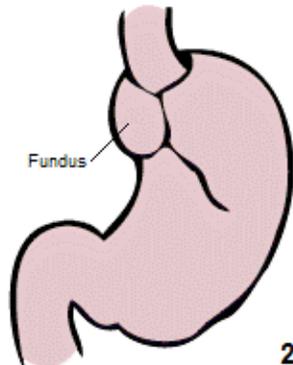
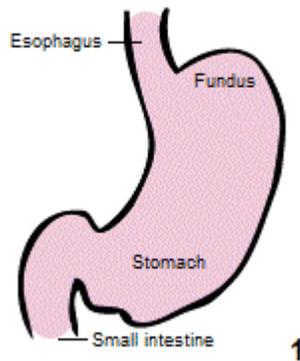
Dr John Lawrence



Dr Robert Weinsheimer

The surgery

The Nissen Fundoplication is an operation to wrap the top of the stomach (fundus) around the esophagus. It is used to stop stomach contents from flowing back into the esophagus (reflux). It also prevents air from backing up the esophagus as well. For this reason, the child may not be able to burp or vomit after the surgery.



The surgical approach

Your child's doctor may do the surgery using a camera (laparoscopic technique) and small incisions or a single larger incision (open technique). The surgical approach does not change the care needed after surgery. Your doctor will discuss this with you before the surgery.

Children who need help with feeding may need a gastrostomy tube (G-tube) placed into their stomach at the time of the operation. Your doctor will discuss the need for this with you before the surgery.

Before surgery

Your child will not be allowed to have solid foods, milk or formula after midnight the night before surgery. If he/she is allowed to have any fluids after this time, your nurse will give you specific instructions.

A nurse or doctor will tell you what medications your child should take the day of surgery and when to take the medications.

Staff will meet with you at the hospital to answer any questions you may have about your child's hospital stay.

How long will my child be in the operating room?

When it is time for your child to have his/her operation, you can go with him/her to the waiting area outside the operating room. You can wait with your child until the surgery team is ready. Once your child is in the operating

room, he/she will be given medicine (anesthesia) to make him/her sleep during the surgery. The operation usually takes 2-4 hours.

After surgery your child will go to the recovery room until he/she is awake from the anesthesia. Once awake, a recovery room nurse will have you come in and sit with your child.

What happens when your child returns to the pediatric unit?

The doctor will order medicine for pain relief. Your child will be asked to take deep breaths and cough. This helps keep your child's lungs clear. Coughing may be uncomfortable, but a pillow or stuffed animal may be held firmly over the belly when coughing – this is called “splinting”. The pillow helps to hold the belly still so there is less pull on the incision. Windmills and bubbles are some of the fun things that can be used to help your child take deep breaths. Sometimes a therapist helps with breathing exercises.

Your child will receive fluids through an intravenous line (IV) until they are able to eat or drink. The IV will be taken away when your child is drinking well and medications through the IV are no longer needed.

There may be a tube in your child's nose that goes down into his/her stomach. This is to keep the stomach empty and help prevent retching. The tube will be closed off with a plug or taken out before your child starts to eat or drink. If your child has had a G-tube placed, this may also be used to empty the stomach and also help prevent retching.

The doctor or nurse will tell you when your child may start to drink.

The incision is usually covered with “super glue” or small white tapes called steri-strips. There are stitches, usually under the skin, that will dissolve on their own. The stitches do not have to be removed by the doctor.

How long will my child be in the hospital?

Each child heals differently after surgery. The average hospital stay is 3 to 7 days. When your child goes home depends on how long it takes for him/her to tolerate feedings after the surgery.

What do I need to know when I take my child home?

- If your child is having pain, the doctor will talk to you about medicine to use for comfort at home.
- The incision should be kept clean and dry. Your child may shower or have sponge baths for the first week. The steri-strips will peel off after 7-10 days. If any remain after this time, they can be gently removed. Soaking in the bathtub will make this easier for you and your child.
- Follow the diet given to you by your child's nurse or dietician. You may be given a list of foods your child should not eat after a Nissen Fundoplication.

Does my child need to be seen by the doctor after we go home?

Yes, we typically see patients 2-3 weeks after the operation.

Things to watch for and report to your doctor

- Drainage from the incision – if incision has pus, call your doctor *immediately*.
- Redness or swelling at the incision.
- Increased irritability or pain that is not helped by acetaminophen.
- Your child is unable to eat or drink, and/or is retching.

Please call the Pediatric General Surgery clinic at 206-215-2700 if you have any questions or concerns.



Pediatric General Surgery
1101 Madison, Suite 800
Seattle, WA 98104

For a free physician referral:
1-800-SWEDISH (1-800-793-3474)
www.swedish.org