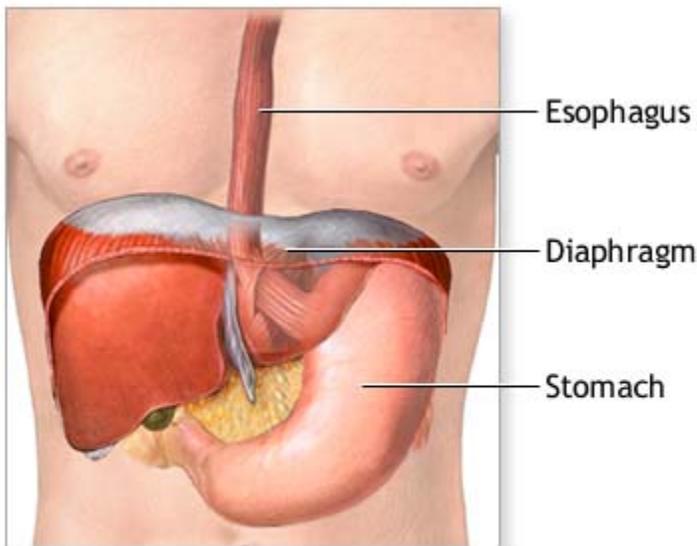


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## Anti-reflux surgery



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### Definition

Anti-reflux surgery is surgery to correct a problem with the muscles at the bottom of the esophagus (the tube from your mouth to the stomach). Problems with these muscles allow **gastroesophageal reflux disease** (GERD) to happen.

This surgery can also repair a **hiatal hernia**.

### Alternative Names

Fundoplication; Nissen fundoplication; Belsey (Mark IV) fundoplication; Toupet fundoplication; Thal fundoplication; Hiatal hernia repair; Endoluminal fundoplication

### Description

GERD is a condition that causes food or stomach acid to come back up from your stomach into your esophagus. This is called reflux. It can cause **heartburn** and other uncomfortable symptoms. Reflux occurs if the muscles where the esophagus meets the stomach do

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not close tightly enough.

A hiatal hernia occurs when the natural opening in your diaphragm is too large. Your diaphragm is the muscle and tissue layer between your chest and belly. Your stomach may bulge through this large hole into your chest. This bulging is called a hiatal hernia. It may make GERD symptoms worse.

A procedure called fundoplication is the most common type of anti-reflux surgery. During this procedure, your surgeon will:

- First repair the hiatal hernia with stitches. The surgeon will tighten the opening in your diaphragm to keep your stomach from bulging through.
- Your surgeon will then use stitches to wrap the upper part of your stomach around the end of your esophagus. This creates pressure at the end of your esophagus and helps prevent stomach acid and food from flowing back up.

Surgery is done while you are under general **anesthesia** (asleep and pain-free). Surgery usually takes 2 to 3 hours.

Ways your doctor may do this surgery are:

- Open repair. Your surgeon will make an incision (cut) in your belly area (abdomen). Sometimes the surgeon will place a tube from your stomach through the abdominal wall to keep your stomach in place. This tube will be removed when you no longer need it.
- Laparoscopic repair: Your surgeon will make 3 to 5 small incisions in your belly. Your surgeon will insert a **laparoscope** (a thin, hollow tube with a tiny camera on the end) through one of these incisions and other tools through the other incisions. The laparoscope is connected to a video monitor in the operating room that allows your surgeon to see inside your belly and do the repair. The surgeon may need to switch to an open procedure if there is bleeding, a lot of scar tissue from earlier surgeries, or the patient is very overweight.

Endoluminal fundoplication is a new procedure that uses a special camera called an endoscope. The tube is passed down through your mouth and into your esophagus. Your doctor will place small clips on the inside where the esophagus meets the stomach. These clips help prevent food or stomach acid from coming back. An endoscope is similar to a laparoscope. This procedure is done to help prevent reflux.

## Risks

Risks for any anesthesia are:

- Reactions to medicines
- **Breathing problems**, including **pneumonia**
- Heart problems

Risks for any surgery are:

- **Bleeding**
- Infection

Risks for this surgery are:

- Gas bloat, which makes it hard to burp or throw up. It also causes bloating after meals. These symptoms slowly get better for most people.
- Pain and difficulty when you swallow, for some people. This is called **dysphagia**. For most people, this goes away in the first 3 months after surgery.
- Damage to the stomach, esophagus, liver, or small intestine. This is very rare.
- Respiratory complications, such as a collapsed lung. This is also rare.

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- Recurrence of the hiatal hernia
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