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What is a laparoscopic nissen fundoplication?

Laparoscopic nissens are done for patients with reflux, as well as some types of hiatal hernias. The reflux, and/or hernia will be documented with various tests, including a barium swallow, manometry, and 24 hour Ph testing. These are some of the more common tests done. The procedure consists of making 5 small incisions into your abdominal wall and using a scope or camera to do the surgery.

Planning for your Laparoscopic Nissen:

- **Do not** smoke at least 4 weeks prior to surgery.
- **Do not** take any nonsteroidal anti-inflammatory medication (i.e. Motrin®, Ibuprofen, and Aleve®) or Aspirin products up to 1 week prior to your surgery date.
- **Do not take** any blood thinners-like Coumadin®, Plavix® for one week prior to surgery.
- **Do** walk 2-3 miles a day prior to surgery to get yourself in the best shape possible for surgery.
- **Do** bring your blue blood sheet with you the day of surgery. You will get this sheet at the time you get your pre-operative labs drawn, which will be done within a few weeks prior to your surgery.
- Acetaminophen (Tylenol®) is fine to take prior to surgery.
- Please let us know if you are using an herbal medication, since some can result in excessive bleeding or other complications at operation.

Preparing for your Laparoscopic Nissen

- **Bowel Prep**

No special bowel prep, other than not to eat or drink anything after midnight the night prior to surgery.

- **Medications**

Which medications to take or hold will be discussed at your pre-operative history and physical appointment.

As noted above, you will need to hold any blood thinners (examples Coumadin, Plavix). If you are on one of these, and need to transition over to a different type of blood thinner, like Lovenox we will let you know when your last dose of this medication will be.

Where the laparoscopic nissen will be performed:

- Your surgery will be performed at the Cardiovascular Center(CVC). You will need to park in parking lot P5, and then go to the 4th floor and check in to the surgery family waiting room. The waiting room is the location that your family will also remain while you are in surgery. Generally, the surgeon will come out and speak with your family, once the surgery is done.

What can I expect during the procedure?

- From the family waiting room, you will report to the pre-operative area. You will be here about an hour and a half to two hours prior to surgery; this is where you will meet with the anesthesiologist.
- You will be under general anesthesia for this surgery.
- The length of the operation will generally be about 3- 4 hours

When you awaken from general anesthesia you will have a few tubes placed. All of these are important and will allow us to monitor you while you are in the hospital.

- **Nasogastric Tube (NG Tube)-**
Is a tube placed in the operating room through your nose and into your stomach to help evacuate fluid. This tube will remain in from 1- 3 days. The goal is to prevent fluid from backing up in your stomach, causing nausea and vomiting, which can lead to complications in a surgical setting.
- **IV-** This is used to give fluids into your veins during surgery and after as needed.
- **Incentive spirometer (IS) -** This is a breathing exercise device. Along with coughing and walking, it helps to prevent collapse of the lungs and pneumonia, after surgery.
- **Sequential Compression Devices(SCD's) -** These “pumps” are placed around your legs and used to keep blood from pooling in the calves. If blood remains there for a period of time without movement, it can form a blood clot.
- Other ways to prevent blood clots after surgery include leg exercises such as ankle circles and pointing your toes to the ceiling then to the wall. You should do each of these leg exercises 10 times every hour with both legs.
- Most importantly, you must walk in the hallways after surgery (you may need some help getting up and out of bed the first few times).
- The hospital stay is generally 1-3 days.
- You will need a Barium Swallow prior to being sent home, to assure that there is no leak or obstruction, following your surgery.

Caring for yourself after a laparoscopic nissen:

Pain Management

- Most pain can be associated with the “gas” that is used to inflate the abdomen during surgery; the best way to get rid of this is to walk!
- You will, however, also be prescribed a pain medication. This will need to be taken with a stool softener (this will also be prescribed prior to discharge), and is used to help avoid constipation, which can often occur while taking most commonly prescribed pain medications. We recommend that you also drink plenty of water and other fluids, to help to avoid constipation.

Taking care of my Incisions

You will have 5 small incisions on your abdomen.

- It is not uncommon for the incision closest to the belly button to have some drainage. Please monitor this drainage, we do get concerned if it becomes thick in consistency, or is greenish in color. Please do not hesitate to contact us with questions, regarding the drainage.
- No dressings are needed for the incisions unless otherwise instructed. Avoid tight clothing around the incision sites or fabrics which may irritate the skin.
- Keep your incision clean with soap and water in the shower. You need to wait 48 hours after surgery (unless otherwise instructed), before taking a shower.
- No tub baths, or soaking your incisions in a pool/hot tub until they are well healed, which will be around 4 weeks or may be determined at your post-operative visit.

Contact us if you have any of the following signs and symptoms: (our contact information is on page 8)

- Temperature above 101 F
- Significant increase in abdominal pain or discomfort
- Redness, swelling or drainage from the incision sites
- Incision opening up
- Change in overall health status nausea, vomiting, chills, profuse sweating, diarrhea or constipation
- Difficulty swallowing

Activity Level

- Do not lift anything greater than 10 lbs. for a month
- **You are then restricted to lifting nothing greater than 25 lbs., for the next 2 months, there is a 3-month total lifting restriction after surgery. This includes lifting children, groceries, mowing lawns, moving furniture, and certain sport activities.**
- No driving for 2-3 days after surgery, or longer while taking narcotic pain medicine
- **Do walk!**

Diet

It will be very important that you see a dietitian prior to discharge as you will be on a special diet for 2 weeks. If you are unable to speak with the dietitian, she will leave the information for you to go over, please feel free to contact her, should you have questions.