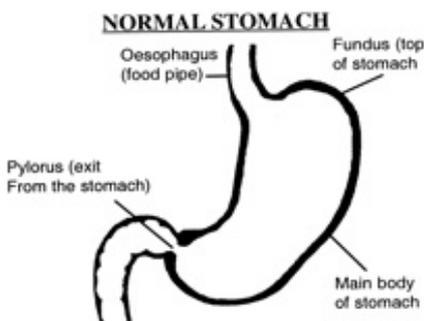


Child health information factsheet

Fundoplication

Your child has been diagnosed as suffering from severe gastro-oesophageal reflux. Your doctor may have previously tried to treat the reflux with medication but this has not worked.

If left untreated the regular refluxing of the stomach's contents can cause damage to the lining of the oesophagus (food pipe) and create further problems. The next step is to perform surgery to stop the stomach contents refluxing up the oesophagus.



The operation

The operation involves using the top part of the stomach, known as the fundus. This is wrapped around the bottom part of the oesophagus to tighten the junction between the oesophagus and the stomach. As your child eats and drinks the pressure in this part of the stomach increases. This causes the junction between the stomach and the oesophagus to close off, preventing your child from being sick.

Your child's stay in hospital

The operation is performed as open surgery or a keyhole procedure. Children who have this operation normally stay in hospital for three to seven days.

Stomach after the fundoplication



After the operation

For the first 24 hours your child will be nil by mouth (not allowed to eat or drink anything). Fluid will be given through a cannula (a small plastic tube into a vein).

To rest the stomach and stop your child from feeling sick, a nasogastric tube (a tube that is passed down one of the nostrils into the stomach) will be inserted in theatre. The tube is taped to the cheek and a small bag attached to the end, this helps drain both fluid and air from the stomach.

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Your child will be kept as comfortable and pain free as possible. Sometimes this needs pain relief given as a morphine infusion through the cannula.

Because your child won't be able to drink during the first couple of days any extra pain relief will be given in the form of suppositories (a small tablet put up the bottom). Once your child has started to drink then they may take pain relief by mouth.

Your child may have a urinary catheter (a tube to drain the bladder) inserted in theatre when they are asleep. This is because morphine, as well as producing good pain relief, can temporarily stop the bladder working properly. When the morphine is weaned off, the urinary catheter can be removed.

Risks and possible complications

The surgeon and the anaesthetist will talk to you about the risks involved in having the operation and the anaesthetic.

There are four main problems that may arise after the operation.

Diet – In many cases the operation has no effect on your child's eating. The nursing staff will talk to you about recommencing your child's diet. Because the fundus of the stomach has been used to tighten the junction between the oesophagus and the stomach, swallowing lumps may be more difficult in the first few days or weeks. The size of the stomach has also been temporarily reduced. You will find that your child will eat smaller meals in the beginning and these will gradually increase in size. The change in diet will take place in the first two to three weeks.

Gas bloat – This problem can occur in the first few weeks after fundoplication. If your child is unable to bring up gas then the stomach becomes swollen. In most children this is not a problem and the gas will pass through the gut but some may become very unwell, looking pale and sweaty. If this happens while your child is still in hospital and they still have a nasogastric tube in place the air can be removed through this. If the nasogastric tube has been removed, another one may be needed to make your child comfortable.

If gas bloat happens when your child has gone home then you need to contact your GP or the ward (023 8079 6718) urgently or go to your local emergency department with this leaflet, which you should show to the doctor or nurse that you see.

Diarrhoea – This may be a problem for the first few weeks but this does settle.

Intestinal blockage – This is a rare problem but it can happen at any time after the operation. Some children and adults who have abdominal surgery develop bowel adhesions. This occurs when loops of bowel stick together. This may not cause any trouble, but sometimes the adhesions may cause a blockage of the bowel. The signs of a blockage can vary, but in all cases the child becomes unwell and will be in pain.

Important information: One of the signs of intestinal blockage is vomiting green liquid, as your child will not be able to vomit following this operation this symptom will not show; please make your doctor aware of this.

If you have any questions or concerns please contact

Please speak to a nurse or contact G4 surgery ward:
023 8079 6718

If you need a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone 023 8079 4688 for help.