

Patient information factsheet

Enhanced recovery after anti-reflux surgery

Welcome to the enhanced recovery programme. The aim of the programme is to enable you to be well enough to go home the same day as your anti-reflux surgery by following a clear set of guidelines.

This factsheet is designed to help increase your understanding of the programme, and to enable you and your family to take an active part in your recovery. If you have any further questions after reading this factsheet, please contact a member of our enhanced recovery team.

Please read this factsheet alongside the EIDO Laparoscopic Nissen Fundoplication patient information sheet which we will give to you before your procedure.

What is acid reflux?

Acid reflux, also known as indigestion, heartburn or gastro-oesophageal reflux disease (GORD), is a condition in which food or stomach acid comes back up from your stomach into your oesophagus (the tube that connects your mouth to your stomach). This can cause a burning sensation in your chest and/or throat.

Acid reflux often occurs when there is a problem with your lower oesophageal sphincter (the muscle at the bottom of your oesophagus that helps to keep the contents of your stomach from rising back up your oesophagus). If your lower oesophageal sphincter becomes weak, it may not close properly, causing acid to rise back up into your oesophagus.

What is anti-reflux surgery?

Anti-reflux surgery is a treatment for continuous acid reflux or GORD.

Anti-reflux surgery is usually done in one of two ways:

- **Nissen fundoplication:** This method involves a surgeon wrapping the top of the stomach tissue 360 degrees around the bottom of the oesophagus to strengthen the weakened lower oesophageal sphincter.
- **Watson fundoplication:** This method involves a surgeon wrapping the top of the stomach tissue 180 degrees around the bottom of the oesophagus to strengthen the weakened lower oesophageal sphincter.

This procedure is performed under general anaesthetic, so you will be asleep for the procedure and will not experience any pain. The procedure usually takes one to two hours.

This procedure is also usually performed as a laparoscopic surgery (also known as a keyhole surgery). This means the surgeon will be able to access the inside of your abdomen (tummy) without having to make large incisions (cuts) in your skin. Because keyhole surgery is minimally invasive, your hospital stay will be shorter than if you were to have open surgery.

Why do I need to have this procedure?

Your doctor will have explained why you need this procedure, but if you have any further questions, please ask a member of our team.

Are there any alternatives to this procedure?

Anti-reflux surgery is usually only recommended when other treatments for continuous acid reflux, such as lifestyle changes, diet changes and medication, have not been successful.

Before the procedure

Pre-assessment appointment

Before your procedure, you will be asked to attend the hospital for a pre-assessment appointment. At this appointment, you will be seen by a nurse who will ask you about your medical history, the medications you are currently taking and your home circumstances. Please have all this information to hand on the day. The nurse may also complete a number of routine tests, such as blood tests, height and weight measurements and an electrocardiogram (ECG) heart tracing.

You will also be seen by an anaesthetist who will assess your general wellbeing and fitness for surgery and talk to you about your anaesthetic. This is a good opportunity to discuss any concerns you may have about managing pain after your procedure.

Please allow approximately half a day for this appointment.

Lifestyle changes

Taking some simple steps in the weeks leading up to your procedure can help you recover more quickly. The most important ones are:

- stopping smoking at least six weeks before your procedure (smoking increases your risk of developing significant complications after your procedure)
- reducing your alcohol intake
- eating a healthy balanced diet
- taking regular exercise (for example, swimming or walking)

Eating and drinking

The day before your procedure, you should eat and drink as normal up to 10pm. After 10pm, you may only drink clear fluids, such as water or squash. You can continue to drink clear fluids up until 6am on the morning of your procedure.

Medications

Please take your anti-reflux medication as normal on the morning of your procedure.

Please bring any prescribed medications you'll need to take that day into hospital with you, along with a list of the doses for each medication. Please keep all your medications in their original containers, as we cannot use them if they have been transferred into anything else.

Bathing and showering

You should have a bath or shower either the evening before or on the morning of your procedure.

On the day of the procedure

When you arrive at the surgical day unit, we will give you a theatre gown and measure you for surgical stockings. Wearing the stockings will help prevent deep vein thrombosis (DVT) or blood clots from developing after the procedure.

We will then ask you for your consent to the procedure. We will also ask you for your consent to enter your patient information to the National Hiatal Surgery Registry (NHSR). We will explain what this is and what it involves to you in more detail on the day of your procedure. For more information about this, please visit: www.nhsr.org/patient-information

We will then go through a checklist with you before taking you to the operating theatre.

After the procedure

After your procedure, we will transfer you to a recovery area, where you will gradually wake up from the anaesthetic. We will then transfer you to a surgical ward or the surgical day unit to continue your recovery. We will closely monitor you while you recover and check your observations, including your:

- blood pressure
- temperature
- heart rate
- breathing rate
- oxygen levels

Eating and drinking

After your procedure, we will place you on a specific diet called a 'free fluids diet'. This diet means you will only be able to have clear fluids or fluids without bits, such as Fortisip nutritional supplement drinks. This allows us to check that you can tolerate drinks before you move on to a 'purée diet'.

We will also give you an 'eating after upper GI surgery' diet advice sheet to go home with, which contains specific information about what you can and can't eat and drink at each stage and when you can move onto the next stage of the diet.

Pain relief

After your procedure, we will regularly assess your pain levels, and check whether you are feeling sick.

If needed, we will give you pain relief medications to ease any discomfort. All pain relief medications after your procedure will be in a liquid, crushable or soluble (dissolvable in liquid) form until you have moved on to a 'soft diet'.

We will also apply an anti-sickness medication patch behind your ear. This must stay in place for 72 hours. After 72 hours, you can remove the patch.

Getting out of bed and walking

Getting out of bed and walking is one of the most important things that you can do to speed up your recovery after your procedure. You should start walking again as soon as possible after your procedure.

Going home from hospital

When you feel well and you are able to drink without any difficulties swallowing, you will be able to leave hospital. Before you leave hospital, you will be seen by a member of our enhanced recovery team. We will also give you a copy of your discharge summary. We will send another copy to your GP. Please keep this in a safe place as it contains useful information about your procedure and medications in the event that you need to come back into hospital.

If you go home on the day of your procedure, for the first 24 hours:

- you will need a responsible adult to take you home and stay with you overnight
- you must not drive, operate machinery, or do any potentially dangerous activities (like cooking)
- you should not sign legal documents
- you should not drink alcohol

Looking after yourself at home

Wound care

If you have had keyhole surgery, you will usually have three to five small cuts on your tummy. These usually heal within five to seven days.

It is important that you keep your wounds and dressings clean and dry for the first two days after your procedure. After two days, if your wounds are clean and dry, you can remove your dressings. If your wounds are not clean and dry after two days, apply new dressings every two days until they are. We will give you spare dressings to go home with.

It is not unusual for your wounds to be slightly red and uncomfortable during the first one to two weeks. Please contact us for advice if your wounds are:

- becoming red, painful or swollen
- leaking any kind of fluid (including blood)

We usually close keyhole surgery wounds with dissolvable stitches, and these will not need to be removed. If we use non-dissolvable stitches, we will let you know when these need to be removed before you leave hospital.

Eating and drinking

You will need to follow a 'purée diet' for two weeks after leaving hospital. After two weeks, you can then start to progress to a 'soft diet' until your outpatient follow-up appointment in our upper GI clinic.

Bathing and showering

For the first two days after your procedure, you should avoid getting your dressings wet.

After two days, please take a shower at least once a day and gently wash your wounds. Make sure that you pat dry your wounds well afterwards with a clean towel. If you still have your dressings on after two days, these are waterproof so you can shower with them on.

We recommend you shower rather than have a bath until your wounds have fully healed.

Pain control

For the first two days after leaving hospital, you should take regular pain relief medication to ease any discomfort. We will prescribe this for you before you leave hospital.

While you are following a purée diet, all your medications must be in a liquid, crushable or soluble (dissolvable in liquid) form.

Anti-reflux medication

After your procedure, please stop taking your anti-reflux medication (unless we have advised you otherwise).

Exercise

Activity is encouraged immediately after your procedure. You should continue to do some form of exercise daily when you go home.

Walking is the best form of exercise while you recover. Try to walk a little further each day, and to gradually increase the amount of exercise you take during the six to eight weeks following your procedure until you are back to your normal activity level.

You should avoid heaving lifting for six weeks after your procedure.

Rest

It is often helpful to plan a rest period during the day, at a time when you will not be disturbed. You may need to accept some help from family and friends until you have regained your strength. Allow common sense to guide you regarding this. Once your wounds are pain-free, you can do most activities.

Driving

You should not start driving again until your level of concentration, strength and mobility have improved enough for you to drive safely.

It is important to ensure you are able to perform an emergency stop and this should be practised in a stationary car when you feel ready. We advise you to check with your insurance company before driving again after your procedure.

Work

You should be able to return to work after a few weeks, depending on your recovery and the type of work you do.

Please ask a member of our team to organise a sick note which will cover the time spent in hospital and the first couple of weeks at home. You may then need to visit your GP to review this further.

Follow-up appointment

After you go home, we will send you information in the post about a follow-up outpatient appointment in our upper GI clinic. Your appointment will be about six weeks after you go home.

If you do not receive an appointment within two weeks of leaving hospital, please contact our upper GI secretary who can arrange an appointment for you.

Patient information factsheet

Potential complications to look out for

Complications from anti-reflux surgery after going home from hospital do not happen very often, but it is important that you know what to look for. Please read the EIDO Laparoscopic Nissen Fundoplication patient information sheet we have given you for more information on the potential complications of this procedure.

Our enhanced recovery nurse will telephone you at home 24 hours after you leave hospital to check how you are and discuss any questions or concerns that you might have.

Please call us immediately on **07768 447611** if you experience any of the following symptoms:

- abdominal or chest pain
- vomiting
- difficulty swallowing or regurgitation (bringing swallowed food up again to your mouth)
- a fever

We may ask you to return to hospital or arrange a virtual appointment to assess you further. If you are unable to contact any of the people listed at the end of this factsheet, call your GP for advice.

Contact us

If you have any questions or concerns, please contact us using the relevant telephone number below:

Enhanced recovery nurse

Telephone: **07768 447611**

You can call this number 24 hours a day for the first two weeks after you leave hospital. It will be answered by the enhanced recovery co-ordinator from 8am to 4pm, Monday to Friday. Outside of these hours, it will be answered by an out-of-hours nurse practitioner in the surgery team.

Ward E5 upper

Telephone: **023 8120 4361**

Surgical day unit

Telephone: **023 8120 5249**

Upper GI secretary

Telephone: **023 8120 3664**

Useful links

www.nhs.uk/conditions/heartburn-and-acid-reflux

www.nhsr.org

www.nhsr.org/patient-information

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **patientsupporthub@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**