

Symptoms May Include

- Heartburn
- Acid taste in mouth
- Regurgitation of food
- Belching
- Pain in the upper abdomen or chest
- Worsening of symptoms when bending over or lying down
- Chronic cough and hoarseness
- Difficulty swallowing

Indications for Surgery

- Abnormal PH study
- Changes in esophageal lining due to acid exposure (inflammation, Barret's Esophagus, strictures)
- Worsening symptoms despite maximum medical therapy
- Desire to eliminate long term medication usage

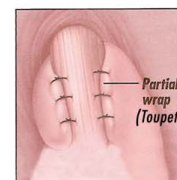
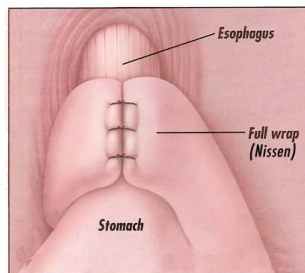
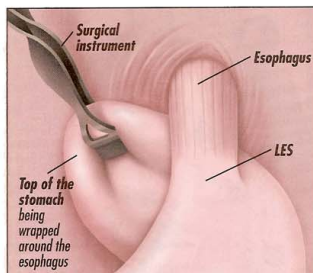
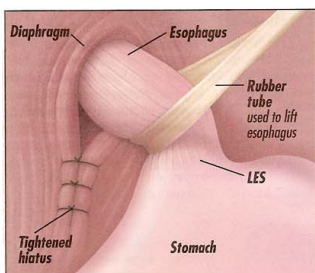
Pre-operative Evaluation

Usually includes several of these:

- EGD
- PH study
- Manometry
- Barrium swallow

Operative Treatment

- Fundoplication
 - Complete (Nissen) vs. partial wrap (Toupet)
- Hernia Repair
 - Occasionally requires mesh
- Laparoscopic vs. Open
- Occasionally requires lengthening of esophagus



Complications & Risks 3-5%

General

- Blood clots (DVT/PE)
- Pneumonia
- Heart attack
- Stroke
- Bleeding
- Infection

Specific

- Difficult swallowing
- "Slipped wrap"
- Recurrence of hernia
- Failure to completely eliminate GERD (15%)
- Perforation of stomach or esophagus
- Increased gas or bloating
- Difficult/inability to burp/vomit
- Injury to spleen or liver

Alternatives & Post Op Expectations

- Lifestyle changes
 - Watch what you eat
 - Sleep with head of bed raised
 - Don't drink alcohol or smoke
 - Lose weight
- Medications
 - Antacids
 - H2 blocks
 - Proton pump inhibitors (PPI's)
- Endoluminal therapies
- Currently experimental

Post Op Expectations

- No heavy lifting for 4-6 weeks
- Soft, mushy food for 2-4 weeks-especially avoid meats and breads
- Chew food well
- Decreased stomach capacity
- Eat smaller meals more frequently