Gastroesophageal Reflux Disease
(Hiatal or Paraesophageal Hernia)

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, Barrett'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 Treatement

- 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