

Fundoplication

Disclaimer: This fact sheet is for education purposes only. Please consult with your doctor or other health professional to make sure this information is right for your child.

What is a fundoplication?

A fundoplication is an operation used to control problematic gastro-oesophageal reflux or vomiting.

The Operation

The Nissen's fundoplication is the most commonly done operation to achieve this. It can usually be done laparoscopically (keyhole surgery). The upper part of the stomach (fundus) is used to wrap around the oesophagus in the abdomen to tighten the valve where the oesophagus enters the stomach. On rare occasions the keyhole technique may not be suitable or too dangerous and difficult for your child.

Many children will need to have a gastrostomy done at the same time (See gastrostomy fact sheet).

Your child will need to be in hospital for about 5 days for the operation. He/she may need to be nursed in the intensive care unit after the operation for 1-2 days.

The major risks of the operation are bleeding, infection, leakage from oesophagus or stomach and chest infection.

After the operation

Your child may have difficulties with vomiting or burping. This may be permanent. Many will experience gas bloating of the stomach for a few months. This can be avoided by not "over-feeding" your child. As the stomach capacity is now a bit smaller, your child will need to be fed more frequently with smaller volume of feeds to prevent this. If there is a gastrostomy present, the stomach can be decompressed by opening the "button" to allow the gas or some of the formula to escape. This should be done before each feed or when the child becomes uncomfortable due to swallowed air during or after the feed. The capacity of the stomach will grow back to normal in a few months.

Your child can still swallow and eat normally (if he/she is able to do so before the operation) but may have some temporary discomfort for a few weeks when eating solids. Your child should also avoid eating scrambled eggs, fresh bread or large pieces of meat for about a month after the operation.

If your child has a neurological problem, long term there is a significant risk that gastro-oesophageal reflux or vomiting may recur due to breakdown of the operation from repeated retching and attempts to vomit.

It is important not to let your child become constipated as this is likely to worsen the discomfort from bloating.

Contact the Hospital's allocated Nurse and/or Surgical Registrar on call if there are any urgent problems.