Surgery for GERD (Fundoplication)

You have gastroesophageal reflux disease (GERD). This is a problem where food and fluid flow back (reflux) into your esophagus. Other treatments have not brought relief. Your doctor is now recommending a surgery called fundoplication. Read on to learn more.

What the Surgery Does

Your lower esophageal sphincter (LES) is a one-way valve at the top of the stomach. It keeps food and fluid from flowing backward. Your LES is weak. It does not close off the top of the stomach. This allows food and fluid to reflux into the esophagus. During fundoplication, the LES is remade. This is done by wrapping the very top of the stomach around the lower part of the esophagus.

Two Techniques for Surgery

The surgery is most often done with laparoscopy. But it may also be done with open surgery.

- **Laparoscopy**: This is surgery through a few small incisions. A thin, lighted tube called a laparoscope is used. The scope allows the doctor to see inside the body and work through the small incisions.
- **Open surgery**: This is surgery through one larger incision. The doctor sees and works through this incision. It may be used if your doctor feels it isn’t safe to continue with laparoscopic surgery.

During the Surgery

An intravenous line is put into a vein in your arm or hand. This line gives you fluids and medications. You are then given anesthesia. This is medication to keep you free from pain during surgery. Most often, general anesthesia is used. This puts you into a state like deep sleep during the surgery. Once the surgery begins:

- The doctor makes 2 to 4 small incisions in the abdomen. The scope is put through one of the incisions. The scope sends live pictures to a video screen. This allows the doctor see inside the abdomen.
- Surgical tools are placed through the other small incisions.
- Your abdomen is inflated with carbon dioxide. This gas provides space for the doctor to see and work.
- The opening in the diaphragm that the esophagus travels through is called the hiatus. If the hiatus is too large, it’s called a hiatal hernia. If this is present, the hiatus is tightened with a few stitches.
The stomach is wrapped around the outside of the esophagus. The wrap is stitched into place.
When the surgery is done, all tools are removed. Any incisions are closed with sutures or staples.

**Risks and Complications of Fundoplication**
- Injury to the liver, spleen, esophagus, or stomach
- Infection
- Increased gas or bloating
- Bleeding
- Inability to vomit
- Trouble swallowing
- Failure to eliminate GERD

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