

Fundoplication

(fun-doe-plick-A-shun)

What is fundoplication?

Fundoplication is surgery to tighten the area where the esophagus and stomach join. This is usually done to stop gastroesophageal reflux disease (GERD). This is an abnormal flow of acid from the stomach up into the esophagus which can be painful and cause pneumonia.

What happens before surgery?

Your child will have an appointment in the Pre-op Clinic in the Same Day Surgery Unit. A Child Life Specialist and a nurse will help you and your child prepare for surgery. Depending on your child's needs, your child may also see the Anesthetist. The Anesthetist is the doctor who will give your child medication that makes him or her sleep during surgery. You will be given a checklist of instructions to follow the day before surgery.

The nurse will tell you when to bring your child to the Same Day Surgery Unit. Some children come the day before surgery, others can come on the day of surgery. Just before the surgery, your child will change into hospital clothes and go to the operating room with you.

What happens during surgery?

Your child will be given a general anesthetic so that he or she will be asleep during the surgery and not feel any pain.

Fundoplication surgery can be done by 2 different methods, laparoscopic fundoplication and open fundoplication. The surgeon will decide which method is best for your child.

- With **laparoscopic fundoplication**, the surgeon makes 4 or 5 small incisions in the abdomen. Thin instruments, including one with a camera are used. For some children, the fundoplication cannot be done this way.
 - With **open fundoplication**, the surgeon makes one larger incision.
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What happens right after surgery?

Your child will go to the Post Anesthetic Care Unit (PACU) after surgery. In the PACU, your child will be closely monitored until he or she is fully awake. As soon as possible, the nurse will bring you to the PACU to be with your child.

When your child is ready, he or she will be moved to the children's ward. The ward nurses will continue your child's recovery care.

How can I help my child feel more comfortable?

After surgery, the amount and type of pain is different for each child.

Several medications are readily available to help your child feel more comfortable. Please let the nurse know if you think your child is in pain.

You can help distract your child from the pain with activities such as:

- massage
- reading to or with your child
- listening to music
- playing board or video games

For an older child, place a pillow under his or her knees to reduce pulling on the tummy when he or she is laying in bed.

Your child may have gas pains, which he or she may feel in the shoulder area or the tummy. Turning in bed, moving or walking can help move the gas and relieve the pain. After fundoplication, most children are not able to burp or vomit. If your child has a feeding tube, venting the tube can help relieve gas. Ask your nurse if you need to learn how to vent the tube.

What can my child eat and drink?

Your child cannot eat or drink until at least the day after the surgery. During this time, your child will get fluids and medications through the intravenous tube. When it is safe for your child to drink, he or she will be given ice chips or clear fluids.

When your child can tolerate fluids, your child will gradually return to his or her usual diet.

- If your child can take all foods by mouth (does not have a feeding tube), he or she will be started on a special diet. Make sure that your child's food is served in very small pieces and he or she chews food well. **You will be given more information about this diet.**
- If your child is fed by a feeding tube, his or her diet will be slowly increased to the usual diet.

You may see a dietitian while you are in the hospital. It is possible that your child may lose weight until he or she resume a full diet.

How do I take care of the incision(s)?

There are small white tapes across the incision(s). The nurse will check the dressing(s) and change them if necessary. The tapes usually fall off on their own. If the tapes have not fallen off by the 10th day after surgery, gently soak with water and remove them. Keep the incision(s) clean and dry.

You may give your child a sponge bath for the first 3 days, then he or she may have a full bath. Use mild soap and no bubble bath. Pat the incision(s) dry after the bath.

What activity can my child do?

If your child has had a laparoscopic fundoplication (4 to 5 small incisions) he or she can resume usual activities in about 2 weeks.

If your child has had an open fundoplication (1 incision) he or she can resume usual activities in about 4 weeks.

When can my child go home?

How long your child will stay in hospital depends on the type of surgery and how soon your child can resume his or her usual diet. The hospital stay may be from 3 to 7 days.

Before you go home, make sure your child has a follow-up appointment with the surgeon.

When should I call the surgeon?

Call the surgeon right away if you notice your child has any of these problems:

- your child feels ill or has a fever; a temperature higher than 38.5°C (101.3°F)
- redness, swelling, active or persistent bleeding or drainage (discharge) from an incision
- an open incision
- a distended abdomen, that does not get better with venting the feeding tube
- pain that does not go away or seems to be getting worse
- unable to eat or drink as usual, nausea or vomiting

Call McMaster Children's Hospital at 905-521-2100 and ask for the surgeon's office. After hours or on weekends, call 905-521-5030 and ask for the Pediatric Surgeon on-call.

If you cannot reach the surgeon, bring your child to the Emergency Department at the McMaster Children's Hospital. If you are not in the Hamilton area, go to the nearest emergency room.

For questions that are not urgent, please call your family doctor or pediatrician.