

FACTSHEET

This fact sheet is for education purposes only. Please consult with your doctor or other health professionals to make sure this information is right for your child. If you would like to provide feedback on this fact sheet, please visit: www.schn.health.nsw.gov.au/parents-and-carers/fact-sheets/feedback-form.

Fundoplication

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. This tightens the valve where the oesophagus enters the stomach. For some children the keyhole technique may not be suitable or too dangerous and this will then be discussed with you.

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. For the first 1-2 days after the operation, your child may need to be nursed in the intensive care unit.

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

After the operation

Your child may have some trouble vomiting or burping. This may be permanent. Many children will feel a 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 often with smaller amounts. This will help prevent the bloating feeling. 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 your child becomes uncomfortable due to swallowing air during or after the feed. The size of the stomach will grow back to normal in a few months.

After the operation your child will be able to swallow and eat like they did before the operation. They may however have some temporary discomfort for a few weeks when eating solids. Your child should 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. This is 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 will make the discomfort from bloating feel worse.

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