

Fundoplication

What is a fundoplication?

Fundoplication is a type of surgery to prevent stomach contents from returning to the esophagus (food tube). This is achieved by wrapping the upper portion of the stomach (fundus) around the lower portion of the esophagus. This tightens the lower esophagus so that food and fluid can go down into the stomach but cannot return up to the esophagus to cause symptoms of gastroesophageal reflux disease (GERD).

Why does my child need a fundoplication?

Fundoplication is recommended for children who have complications or persistent symptoms related to GERD that are not improved with appropriate medical treatment. Symptoms or complications of GERD where fundoplication can be considered include inflammation of the esophagus (esophagitis), failure to grow, recurrent pneumonia or asthma related to GERD, anemia, and narrowing of the esophagus (esophageal stricture).

SPECIAL INSTRUCTIONS:

LINKS:

American Gastroenterological Association

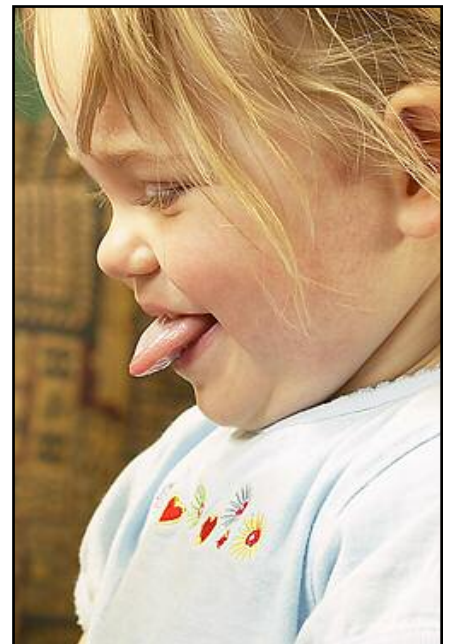
www.gastro.org

National Institute of Diabetes and Digestive and Kidney Disease

<http://digestive.niddk.nih.gov/ddiseases/pubs/gerd/>

How is a fundoplication done?

Fundoplication may be done through a standard surgical incision in the skin on the upper abdomen (open fundoplication) or it may be performed using a small camera (laparoscope) and instruments placed through three to four ¼ inch incisions (laparoscopic fundoplication). The operation requires two to three hours to complete, and the recovery time is generally less than a week. Recovery time for an open fundoplication may be longer than for a laparoscopic fundoplication.



What happens after fundoplication?

The reflux complications that the child was experiencing prior to surgery are expected to improve. However, many patients still require reflux medications to control symptoms. The child usually needs some time to adjust to the different shape of the stomach and increased tightness at the lower part of the esophagus. This can create symptoms such as gagging and retching with feeds. It is also harder for the child to burp after fundoplication, and if a gastrostomy feeding tube is in place, parents learn to open it to relieve the pressure. These problems may be temporary and respond to feeding modification, but they can also become chronic and difficult to manage. Sometimes the fundoplication “unwraps”, and this can cause recurrence of gastroesophageal reflux. The fundoplication can also “herniate” or move slightly upward into the chest. If the symptoms from these events are uncontrollable, the child may need to have the fundoplication redone.

For more information or to locate a pediatric gastroenterologist in your area please visit our website at: www.naspghan.org

IMPORTANT REMINDER: This information from the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) is intended only to provide general information and not as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.

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