

LAPAROSCOPIC ANTI-REFLUX SURGERY

www.reflux.co.nz

Heartburn occurs when stomach acid spills back into the oesophagus. This is called gastro-oesophageal reflux, and is the result of a faulty valve mechanism between the stomach and oesophagus. Reflux can be aggravated by mechanical and dietary factors – excess weight, lying down, bending over, alcohol, caffeine, fats, spices, smoking. The complaint is common, and when severe, major lifestyle restrictions may be necessary to help control symptoms. Complications such as ulceration, scarring, stricture formation and pre-cancerous change can occur in the oesophagus. Nocturnal cough and asthma can also be associated. Attention to the mechanical and dietary factors combined with medical treatment is usually very effective in controlling symptoms. For those with more resistant symptoms, a proton pump inhibitor such as Omeprazole (Losec), Lansoprazole (Zoton) or Pantoprazole (Somac) is used, virtually ceasing acid production. However some remain symptomatic despite these measures, or cannot tolerate the medication. There are also theoretical concerns about long term usage of this agent. Many seek a surgical solution simply in order to avoid life-long medication dependency.

Surgery for reflux recreates the valve mechanism at the junction between oesophagus and stomach. The operation (Nissen fundoplication) has been performed using the open approach for well over 40 years, and, in experienced hands using careful patient selection, a good to excellent long term result can be expected in over 90% of cases, with the patient free of medication requirements and lifestyle restrictions. Formerly this was a formidable undertaking, and very much a last resort. However with video-laparoscopic surgical techniques, the technically demanding operation can be done with minimal upset through tiny incisions in the upper abdomen. Physical recovery is very rapid, although most patients need to adhere to a relatively soft diet for the first few weeks following surgery until swelling in the newly constructed valve disperses. There has been a major resurgence of interest in the operation now that its impact has been dramatically reduced by the laparoscopic approach. Decisions about surgery are made on the basis of symptoms and complications, responses to medical therapy, findings on gastroscopy, any barium x-ray studies, and the results of any special investigations such as manometry (oesophageal pressure studies) and 24 hour oesophageal acid monitoring.

Laparoscopic anti-reflux surgery (Nissen fundoplication) 525 cases

Inpatient stay	1 night (usually)
Return to work	1-2 weeks
Conversions to open procedure	1 (Case no.1)

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