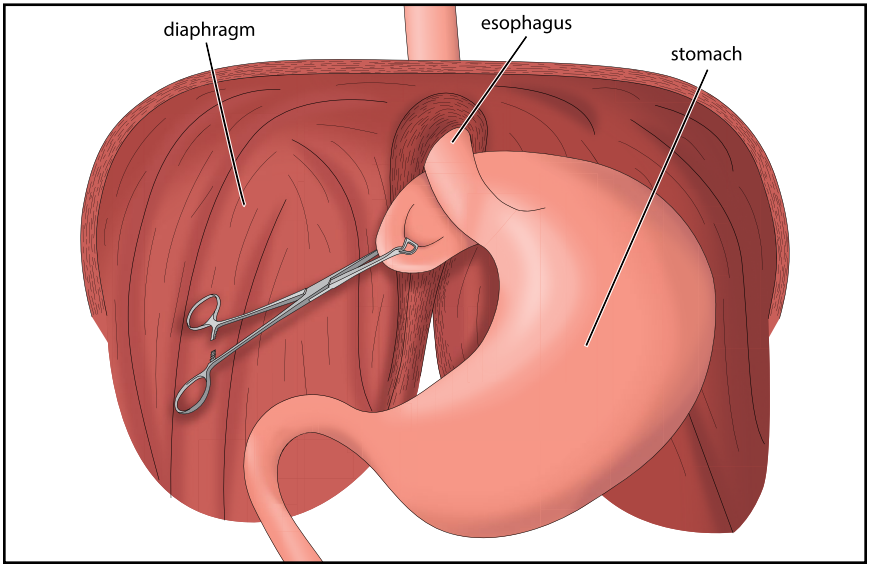


# Nissen Fundoplication Surgery

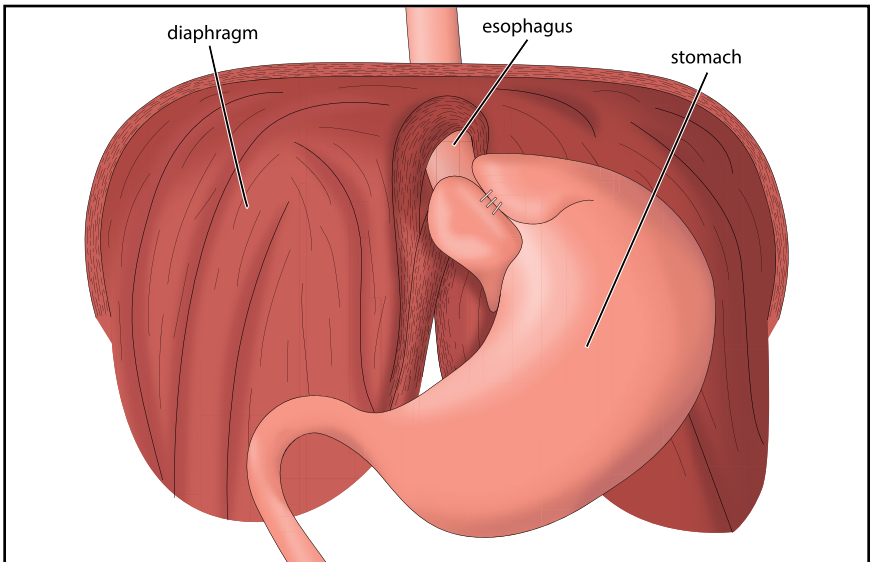


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**The top of your stomach was wrapped around your lower esophagus.**



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**The wrap will help keep stomach acid from coming back up your esophagus.**

## Your Surgery

Nissen fundoplication surgery is done to treat gastroesophageal reflux disease (GERD). The top of the stomach was wrapped around the lower esophagus. This supports the lower esophageal sphincter to help keep stomach acid from coming back up the esophagus.

It is common to have side effects after surgery that cause temporary changes to how you eat and what you eat. Side effects are caused by swelling around the wrap and slower emptying of the stomach. They are normal and not considered a complication (problem) from the surgery.

## What to Expect After Surgery

- Your health care provider will tell you when you are able to drink liquids. It could be the same day of surgery or the next morning.
- You may have shoulder pain caused by closing your diaphragm during surgery or from gas insufflation (a small amount of gas was used to expand the area for a better view). You can take opioid pain medicine, but your body mostly needs time to recover and the pain will go away with time.
- Swallowing air increases the possibility of having cramping in your gut. (People who have GERD may not even notice that they swallow air and saliva to keep acid down in their stomach.) To help relieve these symptoms, you can take Gas-X®.
- You may have some bloating. This should get better in 4 to 6 months.
- You may have problems swallowing or feel it is hard to get food past the area of the wrap for a while.

## **Early satiety**

After surgery, it is common to feel full very quickly during meals (early satiety). This feeling can sometimes happen after just a few bites. Early satiety happens because the part of the stomach that expands when eating was used to make the wrap.

It is important to eat and drink small meals throughout the day. This will help avoid straining your stomach and make sure you are getting enough nutrition. Eat only if you are hungry. It is also important to drink plenty of water.

You may lose about 10 to 15 pounds after surgery because of early satiety.

## **Antacids**

Your health care provider may have you continue to take antacids for about 1 month after your surgery.

If you regularly take nonsteroidal anti-inflammatory medicine (NSAIDS) such as aspirin or naproxen (Aleve<sup>®</sup>, Naprosyn<sup>®</sup>), you may want to stay on antacids to help protect your stomach lining.

Talk with your health care provider about if taking antacids after surgery is right for you.

## **Food and Beverages**

Review the “Diet Guidelines After Fundoplication/Myotomy” fact sheet for more information on what to eat and drink after surgery.

What you can eat may depend on what type of side effects you have after surgery. Each person is different. Go slowly. Try adding foods back into your diet in the morning instead of at night.

## Important

- Do not overeat.
- Take small bites and chew well.
- You will need to be on a soft diet for 10 to 14 days. You can then start a regular diet but continue to take small bites and chew well.
- Do not eat bread, big chunks of meat (such as steak), raw vegetables, and carbonated beverages for at least 4 weeks after your surgery.
- You may want to avoid very hot and very cold beverages. These could irritate your esophagus and cause chest pain.
- Avoid foods that you had problems with before surgery. Slowly reintroduce them after you are comfortable with your regular diet.

## Pain Relief

- You may need to take opioid pain medicine for 3 to 5 days after your surgery. Some people do not need to take opioid pain medicine after surgery.
- When you can do your daily activities without significant pain try taking acetaminophen (such as Tylenol®) or ibuprofen (such as Motrin® or Advil®).
- Opioids and anesthesia can cause constipation. If you do not have a bowel movement for 3 days after your surgery, use an over-the-counter laxative.

## Activity

- Walk at least 30 minutes each day.
- You can drive when you are no longer taking opioid pain medicine.

- Your health care provider will tell you when it is OK to return to work after surgery. In general, you should be able to return to work in 2 weeks.
- If you had a hernia repair along with your surgery, you will have lifting restrictions. Do not lift more than 10 pounds for 8 weeks. Follow your health care provider's instructions for how much you can safely lift.

## **Possible Complications (Problems)**

As with any treatment, this surgery has some possible complications. These include:

- breakdown of the procedure
- chronic (long-lasting) swallowing problems
- infection
- injury to the stomach or esophagus during the surgery
- internal bleeding
- severe problems with bloating and belching.

## **When to Call Your Health Care Provider**

Call your health care provider if you have:

- pain that gets worse
- severe nausea (upset stomach)
- bleeding, drainage or swelling around the incision site
- abdominal pain not caused by cramping or gas
- swallowing and bloating that lasts longer than several months
- any questions or concerns.





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