

# The REFLUX Trial

## PATIENT INFORMATION LEAFLET

### LAPAROSCOPIC SURGERY FOR GASTRO- OESOPHAGEAL REFLUX DISEASE

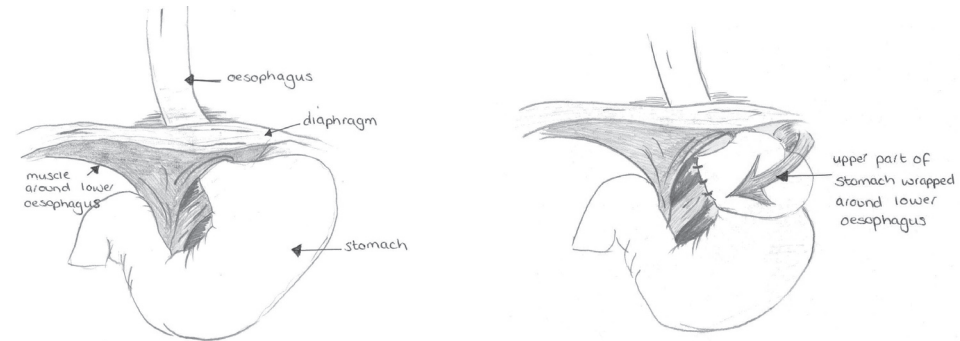
**Please take time to read the following information carefully and discuss it with friends or relatives if you wish. It is important for you to understand what the operation involves. Ask us if there is anything you don't understand or if you would like more information. Take time to decide whether or not you wish to take part.**

#### What is laparoscopic surgery?

Laparoscopic (key-hole) surgery is an established technique for treating the symptoms caused by excessive reflux from the stomach back into the oesophagus. Most patients with this problem (usually referred to as GORD – Gastro-oesophageal Reflux Disease) are aware of heartburn, pain and reflux of acid and fluid. This is usually worse on bending and lying down.

#### What does the operation involve?

Laparoscopic surgery involves strengthening the 'valve' between the oesophagus and the stomach by wrapping the upper part of the stomach around the lowest part of the oesophagus – much the way a bun fits around a hot dog (about 2cm long).



The operation usually involves making five small punctures through which special surgical instruments are passed into the upper part of the abdomen. The surgeon uses a laparoscope, a form of telescope with a miniature video camera attached to it, to give a magnified view on a television screen of the inside of the body. This lets the surgeon carry out the operation from outside the body. The benefits of key-hole surgery are that patients recover more quickly from the operation, have less scarring and suffer less pain.

As in all key-hole operation there is a small chance that the operation will have to change to a standard open operation with a long incision. This is usually only required for reasons of safety because it has not been possible to carry out the operation as a key-hole procedure or to deal with a problem which could not be managed with the laparoscopic approach. The risk of being changed to an open operation is probably less than one in fifty operations.

### **What happens before the operation?**

Before you have been considered for an operation you will have undergone investigations; a gastroscopy to look at the extent of inflammation in the lower oesophagus, normally a test involving the passage of tubes into the oesophagus to measure the pressures and the amount of acid refluxing, and sometimes a barium meal.

### **What happens after the operation?**

Patients usually need to stay in hospital for two or three days and should be able to return to work after about a month. After the operation it is normal to experience some pain. The small incisions may be sore but in addition some patients feel quite sharp pain in their shoulders. Occasionally this persists for a few days and rarely for a few weeks after the operation. Pain alleviating medication is routinely prescribed for post-operative pain.

Some difficulty in swallowing is also routine after the operation and normally improves on its own over a few weeks. Avoiding dry food, bread and meat is the best way of avoiding problems until you are sure that your swallowing is back to normal.

A degree of abdominal bloating and discomfort is also common and may persist in some patients. Improving the valve at the top of the stomach will change the way you belch or vomit and some patients find it difficult to do either of these after surgery.

A significant number of patients are aware that they pass more wind from the back passage after the operation and some patients notice a change in their bowel movements. It is normal to notice a change in the first few months but this usually settles. A small number of patients may have diarrhoea which can take several months to settle.

Recurrence of reflux symptoms is possible after these operations particularly as years go by. If symptoms do recur they are normally milder and more easily treated than before surgery.

### **Contact for Further Information**

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***Thank you for reading this***

Consumers for Ethics in Research (CERES) publish a leaflet entitled 'Medical Research and You'. This leaflet gives more information about medical research and looks at some questions you might want to ask. A copy may be obtained from CERES, PO Box 1365, London N16 0BW