

Coordinating Committee in Surgery

Effective date: 15 November 2023

Version 2.0

Laparoscopic Fundoplication (腹腔鏡胃底折疊術)

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Laparoscopic Fundoplication

腹腔鏡胃底折疊術

Introduction

Fundoplication is the surgical treatment for severe gastro-esophageal reflux disease (GERD) which is refractory to the medical treatment. Symptoms from GERD include regurgitation, vomiting, irritability when feeding, failure to thrive, and respiratory problems. This procedure can correct or minimize the symptoms of GERD and improve feeding ability. This procedure can be done via minimal invasive approach or open surgery. If necessary, this procedure can done together with gastrostomy during the same operative session

The procedure

The procedure is performed under general anaesthesia and depending on the surgical approach, 4 to 5 mini-incisions (laparoscopic surgery) or an abdominal incision (open surgery) will be made for access to the abdominal cavity. esophageal-gastric junction will be mobilized and the fundus of the stomach will be used to tighten the esophageal-gastric junction via the retro-esophageal route. This will minimize the reflux of gastric content into the esophagus. The operation usually takes 2 to 3 hours.

Risk

Common Risks/Complications

- General anaesthetic complications 1.
- 2. Wound infection
- 3. Wound bleeding
- Minor injury to abdominal organs 4.
- 5. Retching
- 6. Transient dysphagia
- 7. Vagal nerve Injury
- 8. Gastroparesis
- 9. Dumping
- 10. Esophageal stenosis
- 11. Wrap migration/ dehiscence



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12. Recurrent GERD

Uncommon Risks with Serious Consequences

- Major injury to abdominal organs
- 2. Esophageal perforation
- 3. Death

Preparation before the procedure

The patient should be kept nil by oral for 6 hours before the operation.

Care after the procedure

Feeding can be introduced as early as 24 hours after the operation (final decision depends on the actual clinical condition). Feeding tolerance, symptoms of vomiting and abdominal pain should be carefully monitored.

Follow up

Patient should receive regular follow up at SOPD.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information, please contact your doctor.