

Fundoplication in Children

A Guide for Patients & Their Parents

Why does my child need a fundoplication?

Fundoplication is recommended for children who have complications or persistent symptoms related to gastroesophageal reflux (GER) that are not improved by medication. Symptoms of gastroesophageal reflux include vomiting, heartburn (esophagitis), gastroesophageal strictures, recurrent pneumonia, breathing problems and inadequate growth. Before an operation is performed, your child may have one or more tests confirming GER, such as a pH probe study or esophagram.

What is a fundoplication?

The goal of a fundoplication is to prevent stomach contents from returning to the esophagus. This operation is accomplished by wrapping the upper portion of the stomach around the lower portion of the esophagus, tightening the outlet of the esophagus as it empties into the stomach. After a fundoplication, food and fluids can pass into the stomach but are prevented from returning to the esophagus and causing symptoms of esophageal reflux. A large skin incision may not be required. In most cases, the pediatric will perform the fundoplication using a small telescope and miniaturized instruments placed through three to four Band-Aid-sized incisions.

How long does the operation take and how long will my child be hospitalized?

Fundoplication is performed in two to three hours with a two to three day hospital stay following surgery. During your child's hospitalization, he or she will receive intravenous fluids and pain medication. As soon as your child feels well enough, he or she will be allowed to eat, drink and take pain medication by mouth, usually one to two days after surgery. In some patients, a gastrostomy tube is placed into the stomach for feedings and air release. Air release is called "venting." It may be hard for your child to burp for the first few weeks after a fundoplication. Venting allows air to leave the stomach, decreasing bloating and keeping your child comfortable. During your child's hospital stay, the bedside nurse will teach you how to vent, care for and use the gastrostomy tube.

How do I take care of my child at home following discharge from the hospital?

Pain: Prescription pain medication is not routinely required after hospital discharge. Most children only need Tylenol® or Motrin® once they are at home. Follow the dosage directions on the label. If your child is still uncomfortable, call our office and we may prescribe something stronger.

Eating by mouth: If your child is to resume his or her usual diet, it is best to start slowly. Begin with liquids, advance to soft foods, and then to a regular diet. It may take several weeks for the postoperative swelling to subside and for solid foods to pass easily into the stomach. Foods that cannot pass into the stomach will be vomited up. It is not unusual for this to occur from time to time in the first few weeks after surgery. For questions about your child's dietary tolerance, call our office.

Gastrostomy Tube and supplies: If your child leaves the hospital with a gastrostomy tube, a replacement tube of the same size will be sent home with you at discharge. If your child will be receiving feedings by gastrostomy, supplies will be ordered by the surgical nurse practitioner from a home care company. The home care company will ship supplies directly to your home. A nurse may come to your home to help you learn to give feedings and take care of the gastrostomy tube. Long-term management of feedings and supplies will generally be the responsibility of your child's gastroenterologist.

Dressings: Gauze and clear plastic dressings over the incisions may be removed two days after surgery. Pieces of tape called Steri-strips® will be over the incisions. It is normal for there to be a small amount of blood on the Steri-strips®. Your child can bathe with the Steri-strips® in place. The Steri-strips® can be removed one week after the operation. The skin surrounding the incision may be red and bruised, and the incision may be slightly swollen. This can last several weeks. There will be no visible stitches to remove because they are under the skin. The stitches will dissolve after several weeks.

Swelling: There will be some swelling of the incisions. After the incisions are healed, you will feel a firm ridge just underneath. This is called a healing ridge and it is normal after surgery. The healing ridge usually lasts for several months before it softens and disappears.

Bathing: There is no need to keep the incision(s) away from water. Your child may bathe or shower as soon as two days after surgery. Once your child is feeling better before discharge or at home, he or she may bathe or shower without restriction.

Activity: There are no specific activity restrictions following surgery. Your child can return to school as soon as he or she feels well enough. If you need a letter sent to your child's school regarding the operation and recovery, please contact our office.

Do I see the pediatric surgeon again after the operation?

If all is going well, a visit to our office is not required. Our pediatric nurse practitioner will call you to check on your child's recovery. A visit with your child's pediatrician and gastroenterologist one to two weeks after the discharge is recommended. Fundoplication may have long term complications including gas bloat, difficulty swallowing and unwrapping or slipping. If you think your child is experiencing problems because of the fundoplication, call our office.

When do I call the pediatric surgery office?

Call our office at (415) 476-2538 if:

- You have any concerns about your child's recovery
- Your child has a temperature of 101 degrees or higher
- The incision is red
- There is severe pain and tenderness at the incision
- Any fluid is coming out of the incision

This information is for educational purposes only and is not intended to replace the advice of your physician or health care provider. We encourage you to discuss with your physician any questions and concerns you may have.