



Fundoplication

What is a fundoplication?

Fundoplication is a type of surgery to stop stomach contents from moving up into the food pipe (esophagus) by reinforcing the “valve” between the lower esophagus and stomach.

During a fundoplication, the upper portion of the stomach (fundus) is wrapped around the lower portion of the esophagus. This tightens the lower esophagus so that food and fluid can go down into the stomach but cannot return back up to the esophagus, which causes symptoms of gastroesophageal reflux disease (GERD).

Fundoplication can either be complete (commonly called Nissen fundoplication) or partial.

Why would a child need a fundoplication?

Fundoplication is recommended for children who have persistent symptoms related to GERD that are not improved by medical treatment and lifestyle changes.

Symptoms or complications of GERD where fundoplication can be considered include long-term inflammation of the

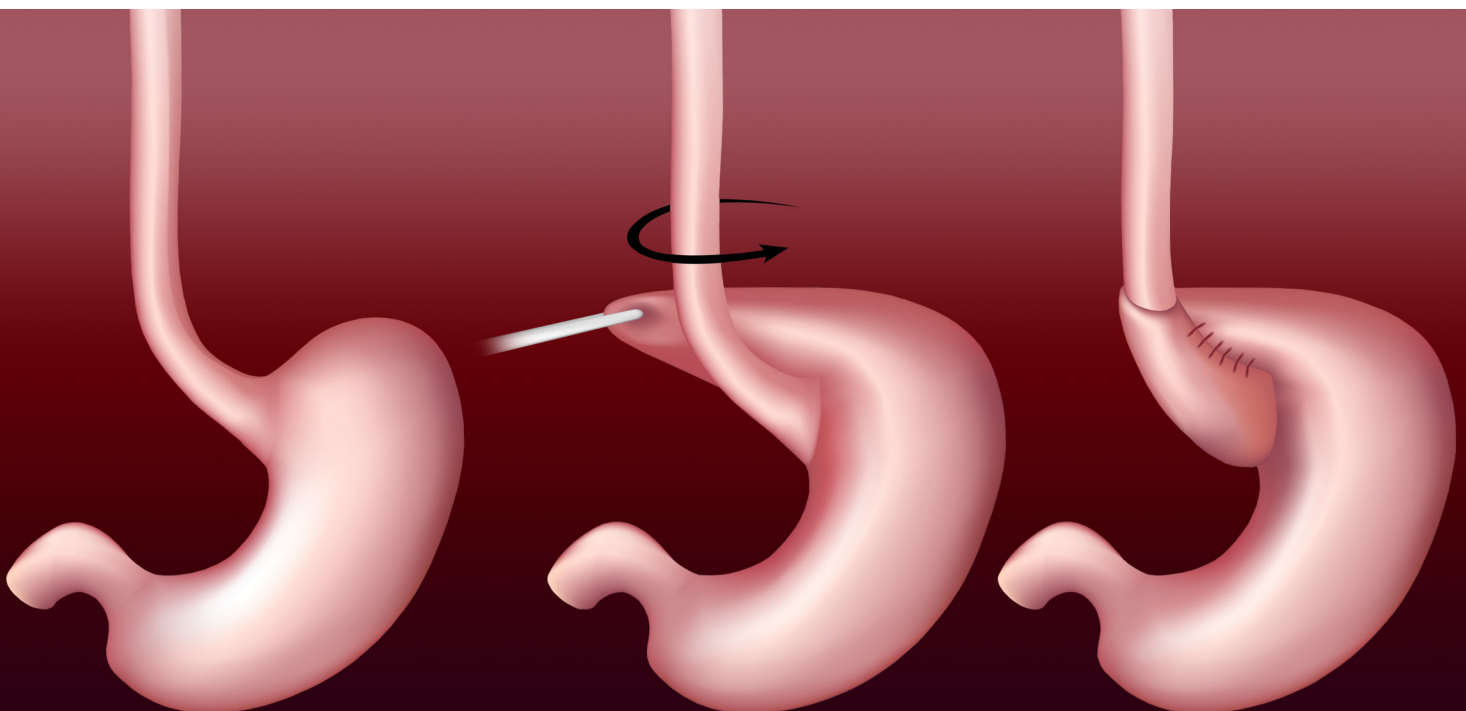
esophagus (esophagitis), recurrent aspiration pneumonia (caused by breathing in food particles, stomach acid, or saliva), poorly controlled asthma related to GERD, long-term anemia from irritation or ulcers in the esophagus, and narrowing of the esophagus (esophageal stricture).

Children with hiatal hernias may also need fundoplication, depending on the severity of symptoms. A hiatal hernia is a condition in which the top part of the stomach (fundus) bulges above the diaphragm (the muscle that separates the chest cavity from the abdominal cavity) and into the chest cavity.

How is a fundoplication done?

Fundoplication may be done through an incision in the skin on the upper abdomen (open fundoplication), or it may be performed using a small camera and instruments placed through several smaller incisions (laparoscopic fundoplication).

It may take your child longer to recover from an open fundoplication than a laparoscopic fundoplication.



What can I expect after a fundoplication?

Children usually need some time to adjust to the different shape of the stomach and increased tightness at the end of the esophagus. Symptoms of reflux generally improve with surgery. However, many patients will still require reflux medications to control symptoms.

It is harder for a child to burp after fundoplication because air cannot move upward easily. If the child has a gastrostomy feeding tube, parents can learn to open the tube to relieve the pressure.

Some children develop symptoms such as gagging and retching when they eat. These problems may be temporary and may disappear if feeding behaviors are changed, but they can also become long-lasting and difficult to manage.

Sometimes the fundoplication unwraps, and this can cause the gastroesophageal reflux to return. The fundoplication can also herniate or move slightly upward into the chest. If symptoms from these events are uncontrollable, your child may need to have the fundoplication repeated.

→ Locate a Pediatric Gastroenterologist

IMPORTANT REMINDER: This information from the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) is intended only to provide general educational information as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.



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