PATIENT INFORMATION · PROCEDURE 11

Anti-Reflux Surgery (Laparoscopic Nissen Fundoplication)

Laparoscopic Nissen fundoplication for severe reflux (GORD).

Gastro-oesophageal reflux disease (GORD) causes heartburn, regurgitation, and night-time coughing. When medication no longer controls symptoms — or you'd rather not take a proton-pump inhibitor for life — laparoscopic Nissen fundoplication is a definitive surgical solution.

What it involves

Through five small incisions, the top of the stomach (fundus) is wrapped 360 degrees around the lower oesophagus, reinforcing the valve mechanism that keeps acid down. Any associated hiatal hernia is repaired at the same time.

Laparoscopic Nissen fundoplication has excellent long-term outcomes: 80–90% of patients are off acid-suppressing medication and symptom-free at ten years. Compared to a lifetime of PPIs, it offers freedom from daily medication and — for many — resolution of night-time symptoms.

Pre-op workup matters. Oesophageal manometry rules out motility disorders (which would make a full wrap unsafe). pH monitoring confirms the reflux is real and pathological, not just symptomatic. Endoscopy documents the state of the oesophagus and stomach.

The wrap is tailored: a full 360° Nissen for typical GORD with normal motility, a partial (Toupet or Dor) wrap when motility is reduced. Any hiatal hernia is reduced and the diaphragmatic crura closed to prevent recurrence.

When it's indicated

Long-standing GORD not controlled on maximal PPI therapy, breakthrough symptoms on medication, GORD with a large hiatal hernia, or patients wanting to come off long-term acid suppression.

The approach

Success depends on proper pre-op workup: manometry to confirm oesophageal motility, pH monitoring to confirm pathological reflux, and endoscopy. Getting the wrap tension right is the technical crux — too tight causes swallowing problems, too loose fails to control reflux.

Recovery

One night in hospital. Liquid diet for one week, soft food for two weeks, normal texture from three weeks. Some transient difficulty swallowing solid food is expected for four to six weeks as the wrap settles. Return to desk work at one week; heavy lifting from four weeks.

Common questions

How successful is fundoplication?

Long-term data show 80–90% of patients are off acid-suppressing medication and symptom-free at ten years — provided the pre-op workup and technical execution are done properly.

Will I be able to burp and vomit afterwards?

Burping is often reduced initially (gas-bloat syndrome) but usually improves. Vomiting is possible but harder. Some patients notice they need to eat more slowly.

Is there a less-invasive option?

LINX magnetic sphincter augmentation and endoscopic techniques (TIF, Stretta) exist but have less long-term data. For most patients with well-established GORD and hiatal hernia, a properly-done laparoscopic Nissen remains the reference standard.

What if I already had bariatric surgery?

Sleeve gastrectomy can worsen reflux — in that case the answer is usually conversion to a Roux-en-Y bypass, not a fundoplication. Dr Marais discusses this individually.

This brochure is general information about a surgical procedure and does not replace a consultation. Every patient's circumstances are different — please discuss your specific case with Dr Marais before deciding on treatment.

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