

Day Case Laparoscopic Anti-Reflux Surgery

Key Point

- This is a GIRFT pathway.

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Key words: Day case, anti-reflux surgery, fundoplication, GIRFT

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Abbreviations

ASA	American Society of Anaesthesiologists
BD	Bi-Daily
BMI	Body Mass Index
GORD	Gastro-Oesophageal Reflux Disease
NSAID	Non-Steroidal Anti-Inflammatory Drugs
OD	Once Daily
PONV	Post Operative Nausea and Vomiting
QDS	Four Times a day
RSI	Rapid Sequence Induction
TDS	Three Times a Day
TIVA	Total Intra-Venous Anaesthesia
VTE	Venous Thromboembolism

Patient Selection

- Refer to [GORD guidelines](#) for pre-operative work up
- Hiatus hernia <3cm
- Primary surgery
- ASA <3
- BMI <35
- Meets day case criteria with good home support for first 24h

Anaesthetic techniques

- Short acting general anaesthetic – TIVA using propofol + remifentanyl recommended
- Consider modified RSI with rocuronium (sugammadex, if needed)
- Routine IV fluids, 1000mls Plasmalyte
- Triple anti-emesis (IV ondansetron 4mg AND dexamethasone 6.6mg AND cyclizine). High incidence of PONV.

Surgical technique

- Table with split leg capacity, foot supports
- UGI hiatal surgery set, Nathansen retractor, Nylon tape and ethibond sutures, Energy device (Maryland Ligasure, Harmonic)
- Orogastric calibration tube (36-38CH) available to calibrate hiatal repair
- Gastroscopy available
- Low pneumoperitoneum – 12mmHg with standard insufflation, 8-10mmHg with AirSeal system
- Intraoperative VTE – as per [Trust guidelines](#)
- Antibiotics – as per Microguide
- Surgical preference for positioning, technique and type of wrap at surgeon's discretion.
- Intraperitoneal and pre-peritoneal local anaesthetic infiltration – 0.25% bupivacaine – volume is weight dependent

Peri-operative analgesia/anti-emesis

- Pre-operative: oral paracetamol
- Intraoperative: IV fentanyl 250-300microgram (avoid long-acting opioids). Analgesic requirement varies greatly between patients
- Post-operative: regular paracetamol + NSAID (unless contraindicated) plus oral weak and strong opioid prn
- Rescue: IV fentanyl +/- oral morphine solution
- Rescue for PONV: ondansetron, metoclopramide and prochlorperazine (im) prn

Take home medication

- Paracetamol 1g QDS
- Ibuprofen 400 mg QDS
- Codeine 30-60mg QDS
- Lansoprazole 30 mg OD
- Ondansetron 4 mg TDS (6 tablets, 4 mg each)
- Cyclizine 50mg TDS
- Prochlorperazine 5 mg oral tablets (3 tablets pack), TDS
- Macrogol 1 sachet BD

If NSAIDS contraindicated:

- Paracetamol 1g QDS
- Lansoprazole 30 mg OD
- Morphine sulphate oral solution 10-20mg QDS
- Ondansetron 4 mg TDS (6 tablets, 4 mg each)
- Cyclizine 50mg TDS
- Prochlorperazine 5 mg oral tablets (3 tablets pack), TDS
- Macrogol 1 sachet BD

Organisational considerations

- Always first on the list
- Early introduction of fluids, diet and mobilization
- Follow bladder management flow chart if not passed urine
- Assess swallowing when patient oriented in recovery
- Home when meets day case criteria
- Diet leaflet on discharge
- Surgical review prior to discharge
- Follow up in clinic 6-8 weeks
- If stay overnight must be discussed with responsible consultant following RMO ward round

Anticipated day case rate

70%

Full version control record

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Version History

Version	Date	Guideline Lead(s)	Status	Comment
1.0	April 2024	Jihene El Kafsi Consultant in Upper GI Surgery Renata Kłopotowska Consultant in Anaesthesia	Final	

Related Documents

Document Type	Document Name
Guideline	GORD
Guideline	Reducing the Risk of Hospital-Acquired Venous Thromboembolism