



GASTROESOPHAGEAL REFLUX (GER)

What is gastroesophageal reflux (GER)?

Gastroesophageal reflux (GER) is the spilling of acidic stomach contents into the esophagus (the swallowing tube). The exact cause is not known. It seems to be due to poor function of the valve-like connection between the esophagus and the stomach that should prevent this. Infants often outgrow reflux, but in some cases they do not and medical or surgical treatment is needed.

Who gets GER?

GER is common in infants. About 50% of babies have reflux, but most will outgrow it. The reflux becomes a problem, or a disease, when there are problems with pneumonia or vomiting. If not treated, the breathing or vomiting problems caused by the reflux can harm your child.

How is GER diagnosed?

If your doctor thinks your child has GER, s/he will order an x-ray of the esophagus called an upper gastrointestinal (Upper GI) series. The doctor will be looking for narrowing (stricture) of the esophagus. A stricture is a tight area of scarring caused by constant irritation by acid from the stomach.

Another study that can be done is called a pH Probe study. This consists of placing a small wire with a sensor that can measure acid level in the esophagus. The tube will be in place for about 18 hours. It may be uncomfortable for your child, but it will not hurt. After one or both of these studies is done, your doctor will decide the best treatment for your child.

How is the decision made that surgery is needed?

The decision to do surgery is made if medication does not help the symptoms of reflux in your child. If your child has problems from the GER such as pneumonia, esophagitis (inflammation of the esophagus) or vomiting that are not improved with medication, surgery is needed.

What can I expect from surgery?

The surgery to correct GER is called an Anti-Reflux Procedure. The surgeon will make a new "valve" that will not let food and stomach acid travel up into your child's esophagus. This is done by pulling up part of the stomach and wrapping it around the part of the esophagus that enters the stomach. The operation will take about 2 hours. It can usually be done laparoscopically (using tiny telescope-like instruments), but an incision may be

necessary. After the operation, your child will go to the recovery room and then to a hospital room. Your child may seem sleepy the first day, and will need some pain medication. Your child may also have a small tube coming out of his or her nose called an NG tube (this helps the stomach drain), and an IV, a clear plastic tube in his/her arm that allows fluid and medication to be given into your child's veins.

Tips for the day of surgery—what to bring, what to leave home.

Bring any special toy or blanket that comforts your child. You do not have to bring personal care items such as toothpaste and a toothbrush for your child; these items are provided. You will need a change of clothes for yourself and any personal items that you need for your daily care.

When will my child be able to go home?

Your child will be able to go home when he or she is eating and drinking and has passed gas or had a bowel movement. This is usually 3 to 5 days after surgery.

How much time should I plan off work?

You should plan to take enough time off to be with your child during the hospital stay and the first week at home.

What care is needed at home after surgery?

Care of the incision: Keep the incision clean and dry.

Bathing: You may bathe your child according to your surgeon's instructions.

Diet: Your child should have small, frequent meals.

Activity: Your child may play quietly. Your child should not do any sports for at least two weeks after the operation and should not be in PE at school.

Medication: S/he may need Tylenol or another oral pain medicine for the first few days at home.

What should I call the surgery team for?

Your child's surgeon will want to see him/her one to two weeks after the operation to make sure that the wound is healing well.

Please call your child's surgeon if your child has a fever, increased drainage from the wound, or stomach pain.

When can my child return to school or daycare? Will I need a note to excuse him/her from PE?

Your child may return to daycare about 5 days after the operation if s/he feels well. You may need a note to excuse an older child from PE or to return to school. Your surgeon's office can provide these for you.

What are the long term consequences?

Your child will have a scar on his or her tummy, but should be back to normal soon after the surgery. Your child should not be able to throw up easily. However, if he or she gets a virus, you may notice vomiting. If you notice that your child throws up a lot and is not

sick, contact your surgeon. It is also possible that your child may have difficulty burping, or throwing up. If this happens, speak to your surgeon.

Will this affect growth and development?

You may notice that your child becomes more attached to you for a little while after the operation. He or she may get more nervous if you leave the room. This is normal and should go away a week or two after the operation.

Is there anything else I need to know to care for my child?

Every child is different, and you as a parent know your child best. Prepare them for the hospital and for the operation and for the time at home. With love and understanding they will do well!

Please reproduce and distribute this sheet to your surgery families. This teaching sheet can also be downloaded at www.APSNA.org.

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