Heartburn or Reflux Surgery

(Nissen Fundoplication)

For an appointment call

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requent or chronic heartburn is a common problem among American adults.
About 15 to 30 percent of men and women between the ages of 25 to 50 suffer from chronic heartburn. Heartburn is caused

by a condition known as gastroesophageal reflux, which is the backup of stomach acids into the esophagus. Gastroesophageal reflux may occur frequently when the valve-like mechanism between the esophagus and stomach does not fulfill its function of keeping the stomach acids in place.

Causes and Treatment Options

Although rich or spicy food, alcohol, tobacco, and chocolate may trigger the condition, the failure of the valve to work properly may be caused by being overweight, multiple pregnancies, or even vigorous exercise. The condition may also be congenital or even related to a hiatal hernia.

To minimize the onset of heartburn symptoms, patients should first modify their eating and lifestyle habits to exclude activities that trigger heartburn. If that does not work, medications are available that usually are effective in controlling chronic heartburn. However, some medications require prolonged use, often for the rest of the patient's life, in order to keep the stomach acids

where they belong. If patients experience side effects to the medications, or do not wish to take the medication for an extended period of time, or the medication is not effective, another option is a minimally invasive surgical procedure called nissen fundoplication.

Minimally Invasive Surgery Creates Permanent Solution

Surgeons perform the procedure through five tiny incisions, each about a quarter-inch long. A surgical instrument called a laparoscope is inserted through the incisions. A video camera at the end of the laparoscope allows the surgeon to see a magnified view of the patient's internal organs on a video monitor. The surgeon then manipulates surgical instruments, brought to the oper-

flow of stomach acids. Since the incisions are so small, patients typically go home a day or two after surgery, experience minimal pain, and can resume normal activities after a week.

Surgeons with the University of Chicago Hospitals

Minimally Invasive Surgery Center have per-

ative site through small, hollow tubes, to wrap the upper stomach around the esophageal valve,

thereby allowing it to close tightly against the

Surgeons with the University of Chicago Hospitals Minimally Invasive Surgery Center have performed more laparoscopic nissen fundoplication surgeries than any other hospital in the Chicago metropolitan area, and can cite a 98 percent success rate in eliminating chronic heartburn. Constantine Frantzides, MD, Director of the Minimally Invasive Surgery Center, is recognized worldwide as a leader in the field of minimally invasive surgery.

The Minimally Invasive Surgery Center

The University of Chicago Hospitals Minimally Invasive Surgery Center at Louis A. Weiss Memorial Hospital is at the forefront of laparoscopic surgery. Surgeons here are pioneers in advancing minimally invasive diagnostic and surgical procedures, many of which are now performed all over the world. For example, Dr. Frantzides was the first in the world to pioneer

eight different new laparoscopic procedures.

Specialists from general surgery, obstetrics and gynecology, urology, ophthalmology, orthopaedics, plastics, and thoracic and vascular surgery all work together to offer a full spectrum of minimally invasive surgeries from gallbladder and hernia procedures to surgery of the spine, stomach, colon, spleen, and other organs. These specialists also collaborate to advance the use of laparoscopic technology to other procedures that currently require traditional open surgery.

For a consultation or second opinion with one of our minimally invasive surgical specialists, contact your primary care physician or call toll-free 1-888-UCH-0200.

OVERVIEW

Laparoscopic, or minimally invasive, surgery to treat chronic heartburn offers many benefits over traditional open surgery, such as:

- Reduced hospital stay to only one to two days.
- A quicker return to work and other activities within five to seven days.
- Only four to five tiny marks as opposed to a 10 to 12 inch scar.
- Minimal postoperative pain.
- Effective control of gastroesophageal reflux disease.

