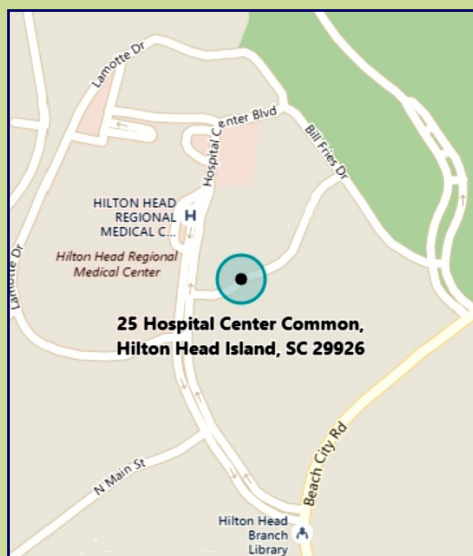


Location

Our office is located in the single story building in the Hospital Center Common located across from Hilton Head Hospital.

We are located on the web at:

www.HHISurgeons.com



Performing Surgeries at:

- Hilton Head Hospital
- Outpatient Surgery Center of Hilton Head

Surgery by Surgeons

A fully trained surgeon is a physician who, after medical school, has gone through at least five years of training in an accredited residency program to learn the specialized skills of a surgeon. One good sign of a surgeon's competence is certification by The American Board of Surgery, a national surgical board approved by the American Board of Medical Specialties. All such board-certified surgeons have satisfactorily completed an approved residency training program and have passed a rigorous specialty examination.

The letters F.A.C.S. stands for Fellow of the American College of Surgeons. Surgeons who become Fellows of the College have passed a comprehensive evaluation of their education, training, and professional qualifications. Their credentials have been found to be consistent with the standards established and demanded by the College.

SURGICAL SPECIALISTS
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ABOUT GERD

(GASTROESOPHAGEAL
REFLUX DISEASE)

SURGICAL SPECIALISTS

HILTON HEAD GENERAL & LAPAROSCOPIC SURGERY

Thomas P. Rzczycki, MD, FACS

Richard L. Hussong, Jr., MD,
FACS

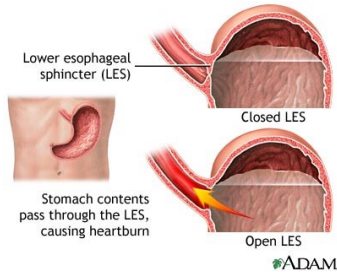
Christopher L. Culpepper, MD

Board Certified
General Surgeons

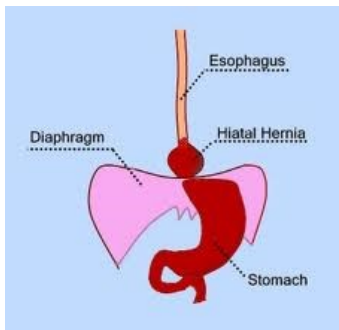
ABOUT GERD

WHAT IS GERD?

GERD stands for gastroesophageal reflux disease and refers to the abnormal passage of stomach acid into the esophagus. It is usually caused by improper opening of the lower esophageal sphincter (LES). It is often associated with a



hiatal hernia—a protrusion of a portion of the stomach through the diaphragm into the chest. Not only is GERD a common



impairment of quality of life, but it is also a risk factor for the development of Barrett's esophagus and esophageal cancer.

WHAT ARE THE SYMPTOMS OF GERD?

The common symptoms are heartburn and acid regurgitation into the mouth. Other symptoms may be trouble swallowing, indigestion, asthma, hoarseness, or sore throat.

HOW IS GERD DIAGNOSED?

Symptoms alone may be sufficient for diagnosis if they are classic. Stomach acid suppression resulting in symptom

improvement is diagnostic as well. Further testing is used if symptoms are atypical, don't respond to therapy, suggestive of complications, or the diagnosis needs to be confirmed before surgery. An upper GI study with X-ray can demonstrate a hiatal hernia and sometimes reflux. **Upper endoscopy (EGD)** directly visualizes the gastroesophageal junction for reflux changes. Also, a **pH probe** can be inserted into the esophagus and used to measure acid levels in the lower esophagus.

HOW IS GERD TREATED?

The first approach consists of lifestyle modifications:

- Avoid foods with caffeine, chocolate, peppermint, and alcohol
- Smoking cessation
- Head elevation at night
- Avoidance of late meals

Medical therapy reduces stomach acid through the use of medications such as:

- antacids (Tums)
- histamine receptor blockers (zantac, Pepcid, Tagamet, Axid, etc.)
- proton pump inhibitors (protonix, nexium, Prilosec, prevacid, aciphex, etc.)

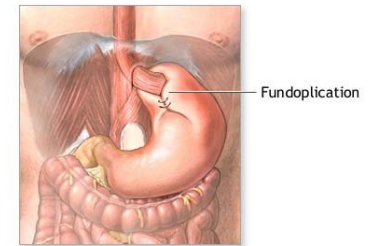
Surgery is indicated for:

- failure to respond to medical therapy
- progressive disease
- long term need for aggressive treatment (i.e. young patients)
- a desire to avoid long term medication use
- non-compliance with medical therapy
- respiratory symptoms

WHAT IS THE SURGERY FOR GERD?

The procedure is called a **fundoplication**. The critical components are to return the stomach to the abdomen, close the crura, and wrap the stomach around the lower esophagus. A complete wrap is termed a **Nissen**.

In the past these procedures were done through a large incision (open). Now, all but the most complicated can be accomplished **laparoscopically** through several small incisions. The main advantages of laparoscopy are less pain and shorter hospital stays and recovery.



WHAT ARE THE COMPLICATIONS OR SIDE EFFECTS OF SURGERY?

Fortunately complications are rare. Serious complications are perforation of the stomach or esophagus, injury to the spleen, DVT, or pulmonary problems. Less severe side effects are difficulty swallowing or gas bloat syndrome. There is a small risk that overtime the wrap may fail.

WHAT IS THE RECOVERY?

For laparoscopic fundoplication the hospital stay is usually overnight. Strenuous activity needs to be curtailed for a few weeks. Many patients return to work in 1-2 weeks.

WHAT IS THE POSTOP DIET?

Swelling from the wrap can lead to difficulty passing food from the esophagus to the stomach, and it is possible for food to become trapped. Therefore, there are dietary restrictions after surgery. These vary due to surgeon preferences but entail a stepwise progression from liquids to pureed foods to a regular diet. Pills should be crushed as well. It is advisable to avoid carbonated beverages early on since patients often cannot expel upper gas.