

PEDIATRIC SURGERY

Open Nissen Fundoplication

Preference Card

1. Upper midline incision. Stay above umbilicus and above transverse colon if possible.
2. May have to take down a previous gastrostomy, but often not necessary.
3. Place the Bookwalter retractor.
4. Divide left triangular ligament of liver and retract the left lateral segment to the right to expose GE junction
5. Dissect at hiatus first. Open at the phrenoesophageal ligament. Dissect the crura off of the esophagus. Dissect bluntly and with a peanut to get around the esophagus then put a penrose drain around the esophagus.
6. Take short gastrics from the middle of the greater curve up. Stay right on stomach using free ties of 4-0 vicryl.
7. Put in a Hurst dilator with the size based on the child's age. Place a 2-0 or 3-0 ethibond double-pledgeted horizontal mattress stitch to approximate the crura.
8. Wrap the fundus. Appose the stomach with the wrap segment with 2-0 or 3-0 ethibond double-pledgeted horizontal mattress sutures. The first stitch includes the stomach, esophagus, phrenoesophageal ligament and the wrap. Subsequent stitches include stomach, esophagus and wrap.
9. Place a stitch from stomach to diaphragm and wrap to diaphragm with 2-0 or 3-0 ethibond double-pledgeted horizontal mattress sutures.
10. Place a gastrostomy if necessary. Place 2 concentric 4-0 PDS purse string sutures near the greater curve. Pass the MIC-key button through the abdominal wall. Make gastrotomy with bovie and pass tube. Tie purse strings. Secure stomach to underside of abdominal wall with 4 4-0 PDS stitches. Secure tube to abdominal wall skin with 2 3-0 ethibonds.

11. Close midline fascia with 0, 2-0 or 3-0 PDS. 4-0 Monocryl subcuticular for the skin.