

General guidelines for your Transoral Incisionless Fundoplication

Why it's performed:

Our Gastroenterologists use the TIF device for patients who have symptoms of heartburn or regurgitation. These symptoms occur because stomach acid backs up into the esophagus.

Patients with GERD symptoms who respond to proton pump inhibitors or other antacid medications but who wish to avoid dependency on these medications are candidates for TIF. In addition, patients in whom medications are no longer effective or do not provide complete relief may also benefit from this procedure.

Prior to Procedure:

- The hospital will call you a few days before your procedure to tell you what time to arrive. If you need information prior to receiving this call you can call the endoscopy schedulers at **732-253-3210** or the hospital endoscopy nursing line at **732-828-3000 x 5453**.
- Arrival times are given to admit you to the unit and prepare you for your procedure. Is it important that you arrive at your given time. ***Please Note: Unlike surgery centers this unit treats both inpatients and outpatients and emergencies may arise that may cause delays in scheduled procedure. Please be patient and know that we will provide you with the best care when you go into your procedure. Due to the unpredictable nature of procedure units, please be prepared to spend the day here.***
- Some procedures or recoveries require a hospitalization that we may not always be able to predict be prepared to stay in the hospital if necessary.
- Do not bring any valuables or wear any jewelry the day of your procedure as we do not have space for you to secure belongings.
- Because you will be sedated for the procedure you will need to bring someone with you to take you home. You cannot drive or take public transportation alone for 24 hours after the procedure. We have limited space in the waiting area and we only can allow one visitor to wait during your procedure.
- If you need to send proof of your COVID vaccine please email it to VaccineStatus@rwjbh.org

Medications

- If you are taking medications for high blood pressure, seizures, or if you are taking prednisone, you may take these medications the morning of the procedure or at least 2 hours before the procedure with a small sip of water.
- If you are diabetic:
 - If you take a “sugar” pill, **do not** take it on the day of your procedure.
 - If you are taking regular insulin (R), **do not** take it on the day of your procedure.
 - If you are taking any other insulin preparation, please contact your prescribing physician for instructions.
- If you are taking Coumadin, Plavix, or other blood thinners contact your prescribing physician for instructions on when to stop taking this medication.
- If you are taking aspirin daily continue to take this medication.
- Tell your doctor if you have allergies

Prep/Diet

- Do **not** eat or drink anything 8 hours before your procedure to clear your esophagus of food products.

Day of the procedure:

Your procedure will be done at Robert Wood Johnson University Hospital in the endoscopy suite on the second floor above Walgreens. The address is:

**1 Robert Wood Johnson Place
New Brunswick, NJ 08901**

If you are going to be late to your appointment or have any questions the day of the procedure please call 732-828-3000 x3210.

Arrive 1 ½ hours prior to your scheduled procedure time. When you arrive, you will register and give your medical history. You will need a responsible adult with you who will accompany you home. Bring with you a photo ID, insurance card, a list of medications that you take, and a copy of your COVID vaccine card or a negative PCR COVID test result.

PARKING

- Park in the hospital parking lot located on Little Albany Street and take the elevator to the 1st floor. Bring your parking ticket with you when you enter the hospital. You can stop at the information desk on the 1st floor and have your parking validated for a flat

rate of \$6.00. Turn left as you exit the elevator on the 1st floor and take the North building elevators located in the main lobby to the 2nd floor. When you get out of the elevators make a right and another quick right. At the end of that hallway make a left, pass the Cardiac Cath lab and a set of elevators on your right. You will then see the Endoscopy department on your left-hand side above Walgreens and Starbucks.

During TIF:

- We will start an IV into your vein to administer fluids, anesthesia and any other needed medications.
- We will pass the endoscope and TIF device through your mouth into your stomach. Your doctor will observe images on a screen.
- The TIF device will be used to wrap the top of the stomach around the esophagus about 270 degrees to create a new valve.
- The new valve will be secured with durable plastic fasteners (staples) that remain in the body.
- The TIF device and endoscope will be removed through the mouth at the end of the procedure.

Post Procedure:

Once the procedure is finished you will recover from anesthesia in the endoscopy unit. Your doctor will discuss the procedure with you. *Please be advised, it is common after receiving anesthesia to forget some of the conversation you had with your doctor. For this reason, we suggest a family member be available for this conversation at your request.*

After the procedure you might have a brief stay in the hospital or you may be discharged home if you feel well.

If you are discharged home, do not drive, operate heavy machinery, or drink alcohol for 24hours. You should go home and rest after your procedure.

Please refer to the separate handout for full post-procedure dietary instructions.

Call your doctor right away for:

- Severe or new onset abdominal pain that doesn't improve by passing gas
- Rectal bleeding that turns the entire toilet bowl red
- Fever greater than 101.5 or chills
- Vomiting blood, black or coffee ground looking material
- Severe dizziness, fainting or chest pain

Commonly Reported Post-Procedure Symptoms:

- Sore throat
- Shoulder pain
- Minimal chest pain
- Minimal chance of bleeding

Please Note: *These symptoms usually resolve on their own within 24-72 hours after your procedure. If your symptoms are severe or persist please notify your physician or go to the emergency department.*

Medications after discharge:

- Antacid medications: please continue pre-procedure dose until your first office visit
- Only as needed medications:
 - Pain:
 - Liquid Tylenol with codeine up to 15ml every 6 hours for your post-procedure pain
 - Nausea:
 - Zofran (Ondansetron) 5ml (4mg) every 4 hours, or 8mg every 8 hours

You can resume your daily medications following your procedure. If you are taking any medications that thin your blood discuss with your doctor when to resume these medications.

Commonly prescribed blood thinners:

- Rivaroxaban (Xarelto)
- Dabigatran (Pradaxa)
- Apixaban (Eliquis)
- Heparin
- Warfarin (Coumadin)
- Clopidogrel (Plavix)
- Aspirin
- Enoxaparin (Lovenox)
- Ticagrelor (Brilinta)

Diet:

Please refer to the separate handout for full post-procedure dietary instructions.

Follow-Up:

Contact your physician to schedule a follow up appointment **3 weeks** post procedure and **6 weeks** post procedure:

Clinical Academic Building (CAB)

125 Paterson Street

Suite 5100B

New Brunswick, NJ 08901

Phone: 732-235-7784

IMPORTANT PHONE NUMBERS:

Rutgers GI Clinic: 732-235-7784

Robert Wood Johnson Schedulers: 732-828-3000 x3210

RWJ Endoscopy Nurse line: 732-828-3000 x5453 (Leave a message and you will receive a call back within 24 business hours)

For after hour **emergencies** call 732-235-7784

Frequently Asked Questions

1. How much pain or nausea will I be in?

This varies from person to person. Generally the pain is more of soreness than a pain. It should not last for more than a few days. The pain medications given should help. For nausea, the prescribed medications should help. The nausea should not last more than 2-3 days.

2. I'm feeling tired or fatigued after the procedure?

You are likely dehydrated. Make sure you have a sip to sips of water every five to ten minutes. You may need water infused with electrolytes

3. I have a fever is that normal?

A fever less than 101.5 post procedure the first three days can be normal, if persistent or higher than 101.5 degrees please call the office. You can take Tylenol every 6hours (but remember there is Tylenol in the codeine so DO NOT take both).

4. How much pain is "ok"?

Discomfort is normal post procedure, pain that persists, worsens or if you have abdominal distension or shortness of breath you need to call the office. Remember you can take Tylenol with codeine or liquid Tylenol.

5. I haven't had a bowel movement in a few days?

Try taking miralax, it can be taken daily or up to twice a day. You can also add Senna 1-2 tabs at bedtime. Again increase your water intake.

6. I am still hungry?

You need to increase your protein intake. Liquids may not make one full. Once you start eating solids this should resolve.

7. When is it ok to resume exercise?

Walking is permitted and encouraged after your procedure. Begin to walk short distances and gradually increase the distance and duration of your walks until you feel back to normal. At this time, you may also climb stairs. In order to give your valve time to heal and fuse, lifting anything over 5 pounds should absolutely be avoided for the first 2 weeks. During week 3-6, you may lift items up to 25 pounds and beginning in week 7 you may lift items as you normally would. Sports and other intense exercise should be avoided the first 6 weeks post-procedure.

8. When is it ok to drive?

Driving may be resumed 1-2 days after the procedure. You should not drive if you are taking prescription pain medication, are experiencing fatigue, or are in significant pain.

9. When can I resume sexual activity?

Sex may be resumed after 7 days.

10. How soon can I return to work?

This is completely up to you. People vary and can return from the very next day to a few days later to several weeks later.