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ULTRA-SHORT OUTCOME AFTER NISSEN FUNDOPLICATION.

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Aim: There is little knowledge about parent-reported outcome in the early period after hospital discharge in paediatric patients undergoing fundoplication. The aim was to examine general well-being, change in gastrointestinal symptoms, pain, and feeding pattern one month postoperatively in order to provide realistic preoperative information.

Methods: 81/104 patients operated with fundoplication between 2005-2013 were included. Parents were contacted four weeks postoperatively for a semi-structured interview performed by a medical student. The study was approved by the regional ethical committee.

Main Results: Median age was 4.9 years (range: 0.2-15.2). 44% were neurologically impaired. 49 were operated laparoscopically and 32 by laparotomy. 52% had a gastrostomy at follow-up. Four weeks after the operation 30% reported continuous pain described as light (15%), moderate (12%) or severe (3%). 15% still used paracetamol and/or NSAIDs. 47% of the children were troubled by dysphagia, 23% by nausea, and 41% had retching. Early satiety was observed in 46%, and 54% required smaller meals than preoperatively. 45% had lost weight, of which 79% were neurologically normal children without a gastrostomy. 75% had resumed normal daily activity. Better sleep was noted in 54%, and 67% of parents reported that the child's general well-being seemed better than preoperatively. There was no statistical significant difference in outcome parameters between those operated by open and laparoscopic fundoplication. The only differences between children with and without neurological impairment were significantly more frequent weight-loss (68% vs. 15%, $p<0.05$) and better sleep (69% vs 33%, $p<0.05$) among the neurologically normal, and more retching among the neurologically impaired (56% vs. 29%, $p<0.05$).

Conclusion: The majority of parents report better well-being of their child already one month after fundoplication. However, a considerable number reported troublesome symptoms. This information should be communicated preoperatively to achieve realistic expectations of postoperative outcome.