

EsophyX TIF

Pre-Procedure Instructions

Transoral Incisionless Fundoplication

Make sure you inform your doctor about all the medications you are currently taking.

Do not take any aspirin, blood thinners, anti-inflammatory (arthritis) medications, or vitamin E prior to your procedure.

Do not take any diet aids, medications and herbal supplements containing ginkgo, garlic, or St. John's Wort for 10 days prior to surgery.

You should not smoke or drink alcohol for 48 hours prior to your procedure.

Your doctor will give you additional instruction depending on medications you are currently taking.

It is critical that you do not eat or drink anything for at least 12 hours before your procedure.

The EsophyX TIF procedure CANNOT be performed if there is food in your stomach. You may still take medication your doctor has approved for you to take with a small amount of water.

Post-Procedure Instructions

If you are experiencing any of the following symptoms within 12 weeks following your procedure, call your doctor immediately:

- Any nausea or vomiting
- Fever greater than 101° F
- Increased abdominal pain
- Difficulty or pain while swallowing
- Sore throat lasting more than seven days after the procedure
- Chest pain
- Shoulder pain lasting more than 3-7 days

Dietary Guidelines (the below needs to be in bold since very important)

The strength of your new antireflux valve is largely determined by how well it heals. What you eat and drink can dramatically impact the durability of your antireflux valve. You will be asked to follow a liquid diet followed by a mashed and soft food diet as your antireflux valve heals.

If you experience heartburn after eating a particular food, write down the food that gave you heartburn and try to avoid eating it. Talk to your doctor at your next visit about your food-associated symptoms.

Remember, occasional heartburn episodes are commonly experienced by people who do not suffer from GERD, and this may in fact mean that your valve is functioning correctly. If your symptoms persist, contact your doctor immediately.

During the 12-week post-procedure period, it is important that you adhere to the following guidelines:

- Eat 4 to 5 small meals consisting of soft foods throughout the day
- Take small bites and chew your food thoroughly
- Avoid foods with coarse texture: nuts, raw fruits, and raw vegetables
- Avoid foods or drinks that in the past have caused reflux. Remain in an upright position for 1 hour after eating
- Do not eat for at least 2 hours before bedtime
- Do not drink carbonated beverages or alcohol
- Avoid spicy foods
- Avoid foods and drinks that are very hot or very cold
- Take anti-gas medication – DO NOT BLECH
- Try not to vomit, cough, retch or strain - this can significantly affect the healing and ultimately the effectiveness of the antireflux valve created during your procedure.
- Do not smoke
- You should also avoid gas-forming, acid-producing foods, or foods that slow gastric emptying such as tomato-based products, peppermint, black pepper, caffeine-containing drinks, alcohol, onions, green peppers, fatty foods, beans, spicy foods, citrus fruits, and fiber supplements.

Physical Activity

Walking is permitted and encouraged after your procedure. Begin to walk short distances, at a slow pace and walk with someone who can assist you in case you experience any residual weakness due to anesthesia. Gradually increase the distance and duration of your walks until you feel you are back to normal. At this time, you may also climb stairs, although you should do it slowly for the first few weeks to reduce the risk of increasing abdominal pressure.

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 Weeks 3-6, you may lift items up to 25 pounds, and beginning in Week 7 you may lift items as you normally would.

Except for walking, sports and other intense exercise should be avoided for the first 6 weeks following your procedure consult with your doctor, who can help you determine if you are ready to resume your normal exercise routine.

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.

Sex may be resumed after 7 days.

Medications

Your doctor will determine your need for acid reducing medications following your procedure.

Before leaving the hospital, your physician may prescribe pain medications. It is important that you take this medication as prescribed.

Follow Up

After the procedure, your doctor will see you again to assess the effectiveness of the EsophyX TIF procedure.

Please call reception at 887-3724 if the follow up appointment is not already scheduled.

Return to Work

Most patients will be able to return to work 3-7 days after the procedure. You and your doctor should determine a timetable for returning to work based on a number of factors including residual fatigue from general anesthesia, any complication during *the procedure, your overall medical condition, and your psychological recovery time.

If you work in a job that requires significant physical activity, you should not resume your normal job functions until after your doctor has cleared you to do so.

Please call if you have not discussed this with the doctor as we need to give the ok for you to stay off longer if indicated Do not make this decision on your own.

Frequently Asked Questions

How long does the TIF procedure take?

The TIF procedure itself generally takes less than an hour, but may vary from patient to patient.

Is the TIF procedure truly incisionless?

TIF is an acronym T = Transoral, I = Incisionless, F = Fundoplication and is performed safely, quickly, and with minimal patient downtime. The EsophyX device is inserted through the mouth rather than through an abdominal incision. The advantages of an incisionless procedure over conventional laparoscopic or open antireflux surgery include:

- No visible scars
- No risk for skin infection (as there are no skin incisions)
- Fewer complications during and after surgery
- Reduced patient discomfort
- Shortened patient recovery
- Shorter hospital stay

Will the TIF procedure alter any of my bodily functions?

No. Clinical research demonstrates that TIF patients maintain normal functions such as the ability to belch and vomit. The TIF procedure is a partial fundoplication, which more closely mimics the body's normal anatomy.

Can the TIF procedure be revised (corrected or redone)?

A TIF procedure can be revised either with a subsequent TIF procedure or with a laparoscopic Nissen fundoplication. In addition, patients may resume PPI therapy, if necessary, to help control GERD symptoms. While uncommon, revisions have been successfully reported in clinical literature.

Can the TIF procedure be reversed (undone)?

No. There should not be a need to undo the TIF procedure. Most patients experience positive outcomes and can eliminate or reduce their need for therapy. For those patients who may experience recurrent symptoms, you and your physician will identify additional treatment options to help manage your GERD.

Is the TIF procedure safe?

To date, the TIF procedure has been performed on more than 18,000 cases worldwide with minimal complications and a serious adverse event rate under 0.5%. Clinical studies demonstrate that properly selected TIF patients rarely experience long-term side effects commonly associated with traditional antireflux surgery, such as chronic trouble swallowing, gas bloat syndrome, and increased flatulence.