Anti-Reflux / Hiatal / Paraesophageal Hernia Surgery
Post-Op Instructions

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Pain and Discomfort

- It is normal to have pain after your operation. How much pain you experience depends more on the individual than on the operation itself.

- Pain normally occurs in the abdomen, and is mostly associated with the “gas” that is used to inflate the abdomen during surgery (especially shoulder pain); the best way to get rid of this is to walk! It usually goes away in 24-48 hours.

- You will be given a prescription for a narcotic pain medication. Try and get the liquid form of the pain medication that has been prescribed for you. If you cannot get the liquid form, cut the pain pill in half or quarters so that it can pass through the valve in your esophagus. Call the office immediately if you experience itching or a rash and stop the medication. If you don't like the drowsy feeling these medications cause or you no longer need as much pain medicine, you can try ibuprofen (Motrin or Advil).

- If your pain is not controlled by the medication you have been given, call the office. It is helpful to take some type of pain medicine (narcotic or over the counter) before getting out of bed and before going to sleep the first few days after surgery.

- If you are taking the narcotic pain medication regularly, make sure to also take a stool softener such as Colace or Metamucil, as the narcotics tend to cause constipation.

Incisional Care

- Your incisions may be covered with skin glue, tiny strips called steri-strips, or in rare occasions staples and Band-Aids or gauze dressings.

- It is not uncommon to have some mild bleeding from the incisions during the first 24 hours after surgery. Do not become alarmed; simply change the Band-Aids or bandages as needed.
• You can remove the Band-Aids or gauze dressings 24 hours after surgery. DO NOT REMOVE THE STERI-STRIPS OR THE SKIN GLUE.

• You may also take a shower 24 hours after surgery. It is OK to get the steri-strips or skin glue wet. Be sure to gently dry your incisions and replace the Band-Aids or bandages.

• No tub baths, or soaking your incisions in a pool/hot tub until they are well healed, which will be around 4 weeks or may be determined at your post-operative visit.

• It is common for patients to notice some black and blue or maroon discoloration around the incision. This represents a small amount of blood and is normal. It should not alarm you. It is also common for this to only become apparent 2-3 days after surgery as blood in the tissues moves to the surface.

• If your incision becomes red, hot and tender, you may have an infection. In that case call the office. You have been given antibiotics in the operating room prior to surgery, and unless discussed with you, you do not need them after surgery.

Diet

• You need to remain on a liquid diet for seven days after your surgery. Do NOT eat solid food for one week after the surgery. It may get stuck as it passes through the valve and may need to be removed at the hospital!

• These liquids do not have to be clear. You may have Ensure, Carnation Instant breakfast, soup, or any other liquid.

• You may have smooth yogurt, pudding or ice cream as long as it “melts in your mouth”.

• Advancement of your diet will be discussed at your first post-operative appointment, approximately 7 days after your operation.

• Nausea and vomiting from anesthesia is not uncommon for the first 24 hours after surgery. Call the office if the nausea and vomiting persists for greater than 36 hours. Do not take any alcoholic drinks for at least 24 hours and while you are taking narcotic pain killers such as Vicodin (hydrocodone).
Activity

- You will most likely not want to do much for 24 to 48 hours after surgery. Although you should get rest during this time, it is equally important to get up and walk.

- Lifting weights up to 10 lbs. is fine.

- **DO NOT** lift anything over 10 lbs. for three weeks after the date of surgery.

- Light activity (i.e. walking, office work, climbing stairs, etc.) as soon as you feel comfortable is fine.

- Sexual activity is fine as soon as you feel comfortable.

- **DO NOT** do sit-ups, weight lifting, abdominal crunches or any activity that you may get hit in the belly for six weeks after surgery.

- Do not drive while you are taking narcotic pain medicines or if you experience pain at your incision sites while driving.

- You can return to work when you feel comfortable, and when you can perform your job safely and at the level you and your employer expect. Usually this is a minimum of one week. If your job involves heavy lifting you should stay out of work for 6 weeks.

Other Issues

- You may have trouble swallowing due to the swelling after surgery. Follow the diet directions you were given.

- You may also experience a sore throat for a few days after surgery. This is from the breathing tube placed by the anesthesiologist during surgery. You may take lozenges to help soothe the irritation.

- If you feel “bloated” you may take over the counter anti-gas medication such as Mylinc.
Follow-Up

Call the office after you get home to make arrangements for a follow-up appointment. Unless you or your family was instructed otherwise, this should be in 7-10 days.

Call the Office if You Experience:

- Significant bleeding
- Difficulty breathing
- Chills and/or fever greater than 101°F
- Pus or infection at the incisions
- Pain in chest after eating that does not go away.
- If you have an increase in pain over several days that is persistent
- Any worrisome condition

Please remember that we are always available to take care of you and answer your questions. Do not view your calls as an inconvenience or bother to us. We want to help make your post-operative period as easy as possible.