

Dr. Steven Williams

POST OPERATIVE PATIENT INSTRUCTIONS

Procedure: Laparoscopic diaphragmatic hernia repair & Nissen fundoplication “ Hiatal Hernia repair or GERD surgery”

WHAT TO EXPECT

- Surgery to take about 1.5 to 2 hours
- Recover from anesthesia for 1 hour before you are transferred from recovery room to a patient room
- Stay 1 night at the hospital and be discharged home the next day, usually early afternoon
- Pain or discomfort 5-7 days POST – OP
- Some difficulty swallowing food (feeling of food stuck in your throat) which may last weeks
- Upper abdominal or low chest pain with deep breathing
- You will have absorbable sutures hidden under your skin with skin glue on top of your skin. It will fall off over the next 2-3 weeks, or you may have staples that need to be removed in 2 weeks
- Take your incentive spirometer home with you from the hospital and use it 4-6 times per hour to help keep your lungs open and prevent pneumonia. It is okay to cough and deep breathe, you won't hurt anything and we encourage cough and deep breathing to open your airways back up after being on the ventilator. However, coughing 'fits' and uncontrollable coughing can cause disruption of the diaphragm repair. If you have uncontrolled coughing, you may need a cough suppressant.

DIET

After your surgery will be sent home on a FULL liquid diet (soups, protein shakes, yogurt, malt o meal) for 5 to 7 days and then advance your diet to soft mushy food for another 5 days after that, slowly increase your diet as tolerated (avoid difficult food to swallow) rice, bread, pasta, and solid meat needs to be eaten last. Mashed potatoes are soft, but many patients feel that they do not go down well. Avoid extreme hot or cold food/ drinks for the few days after surgery as they can cause esophageal spasms. Make sure to drink lots of fluids when eating to help wash the food down.

WOUND CARE

1. Unless otherwise directed, you may shower daily with your choice of soap and water to keep your incision clean and help reduce the risk of skin infection.
2. **DO NOT SOAK!** No tubs, pools or hot springs until you are seen on your follow up appointment. Submerging in water increases the risk of infection.

LIMITATION

1. **DO NO LIFT, PUSH OR PULL MORE THAN 15 lbs.** or use your abdominal muscles for 6 weeks after surgery. This allows time for your diaphragm repair to heal and reduces the risk of recurrent hernia formation.
2. You should be up and moving around the night of your surgery and walking 5-6 times a day at a minimum there after.

FOLLOW UP APPOINTMENT

If you have not already done so, call our office (208) 321-4790 and schedule a post operative visit for 2 weeks after your surgery.

WHEN TO CALL

- Fever: Temperature greater than 101°F
 - Uncontrolled pain
 - No bowel movement in 3 days
 - Shortness of breath – New Onset and severe call 911
 - Chest Pressure or pain- New Onset and severe call 911
 - Lower leg swelling
 - Persistent Nausea
 - Extreme bruising or swelling around the incision
 - If you have other questions or concerns **PAIN**
1. Use your prescription pain medication “narcotic” or “non-narcotic” as directed on the prescription.
 2. DO NOT take additional Tylenol (acetaminophen) if your pain medication has acetaminophen in it.
 3. You may take ibuprofen 200 mg tablets: 600-800mg total every 8 hours OR Aleve (Naproxen) 1 tablet every 12 hours as needed along with your narcotic.
 4. Use ice to decrease the swelling: Wrap a ziplock bag of ice in a cloth or towel and place it on and off your incisions every 15-30 minutes as needed for the first 2 days. It will help decrease inflammation.

BOWEL CARE

1. Start bowel care IMMEDIATELY after surgery to prevent constipation. It is very common and is caused by anesthesia and narcotics. Listed below are different options for you that are available over the counter at your local pharmacy or grocery store.
- Stool Softeners (colace & docusate calcium) soften the stool, making it easier to pass. Stool softeners can be most effective if you drink plenty of water throughout the day.
 - Laxatives: Such as Correctol, Ex-Lax, and Senokot make stool move faster through the intestines by irritating the lining of the intestines. Regular use of stimulant laxatives is NOT

recommended. Stimulant laxatives change the tone and feeling in the large intestine, and you can become dependent on using laxatives all the time to have a bowel movement.

2. **Our recommendation to start BEFORE the day of surgery-** Colace 1 capsule twice a day OR Miralax 1 scoop twice a day.
3. **Our recommendation if you have not had a bowel movement in 1 day after surgery-** Increase Miralax to 2 scoops twice a day and consider adding another agent.
4. **Our recommendation if you have not had a bowel movement in 2 days-** Stay on Miralax and Colace and use a Dulcolax suppository twice a day until you have a bowel movement. Consider a fleet enema twice daily until you have had a bowel movement.
5. **Our recommendation if you have not had a bowel movement in 3 days-** Magnesium Citrate: Drink ½ bottle and if you do not have a bowel movement in 2 hours drink the remainder ½ bottle as well as taking your Miralax and Colace.
6. If you develop loose stools stop the stool softeners.