

Laparoscopic hiatal hernia repair with fundoplication: Your recovery and what to expect at home.

Refer to this sheet in the next few weeks. These instructions provide you with information about caring for yourself after your procedure.

If you have any questions, please call my office (702) 258-7788.

WHAT TO EXPECT AFTER THE PROCEDURE

After your procedure, it is common to have:

Mild difficulty swallowing (dysphagia).

Excess gas (bloating).

Diarrhea

IMPORTANT: Retching and vomiting can cause severe problems after surgery. Use the anti-nausea medication immediately if you feel nauseated. Close your eyes and relax to allow the waves of nausea to pass. Frequently, nausea occurs when food gets stuck in the esophagus. If retching and/or vomiting are unchanged by medication, you will need to go to the emergency room.

Medication

Take all medication only as directed by your health care provider.

During the first 2 weeks, do not take any pills whole. Crush all pills. If you are unsure whether a pill can be crushed, please ask your pharmacist first or call Dr. Xu.

Do not drive or operate heavy machinery while taking narcotic pain medication.

Incision Care

Your incision should remain dry and covered for the first 24hrs after surgery. At that time, you may remove any outer bandages to shower, taking care to wash around the incisions. If you have steri-strips (white tape-like coverings), leave them in place. They will typically fall off on their own in 1-2 weeks.

Check your incision areas for signs of infection: (spreading redness around incisions, surgical area becomes hot to the touch, swelling, or foul-smelling discharge develops).

Eating and Drinking

Stay on a liquid diet for 2 weeks because there will be swelling in the esophagus that may cause solid foods and pills to get stuck. Permitted foods include; milkshakes, smoothies, broth, strained cream-soups, or anything blended to a watery consistency. Gelatin and yogurt are also acceptable.

Drink enough fluid to keep your urine clear or pale yellow.

ACTIVITIES AND LIFESTYLE:

Avoid heavy lifting (no more than about 15 pounds for the first 4 weeks). Lifting in excess can lead to re-injury and/or an increase in your pain level.

Avoid straining or bearing-down during bowel movements. Both of these activities can put a lot of stress on the repair and wrap.

You may use stairs and take short walks, but strenuous exercise should be avoided.

You need to gradually increase your walking distance daily, stopping before you become exhausted. Many post operative complications, including pneumonia, can be avoided by getting up and walking around after surgery.

Most patients should not drive for 1 week after surgery and NEVER while taking narcotic pain medication.

- Most patients are able to return to work within 2-3 weeks post operatively. **Please contact my medical assistant if you need: FMLA/disability forms completed, a work release or have ANY other questions related to your post operative recovery period.**

SEEK MEDICAL CARE IF:

You have a fever >101.5.

Your pain gets worse or is not helped by medicine.

You have frequent nausea, vomiting or having trouble swallowing.

You have continued abdominal bloating.

You have expanding redness or swelling around any incision sites.

You have pus draining from any incision.

You have not had a bowel movement for 3+ days

CALL 911 ANYTIME YOU THINK YOU MAY NEED EMERGENCY CARE. FOR EXAMPLE CALL IF YOU:

Have trouble breathing.

Develop severe belly pain.

Lose consciousness.

Have sudden chest pains.

Regards,

Jimmy Xu, M.D.

Las Vegas Surgical Associates

8930 W Sunset Rd #300

Henderson, NV 89052

702-258-7788