ROBOTIC AND LAPAROSCOPIC HIATAL HERNIA REPAIR

Pre-Operative Instructions

Help us keep you safe during your surgery by telling us if any of the following apply to you:

- I take a blood thinner. Some examples include aspirin, heparin, warfarin (Coumadin), clopidogrel (Plavix), enoxaparin (Lovenox), dabigatran (Pradaxa), apixaban (Eliquis), and rivaroxaban (Xarelto).
- I take immunosuppressant medication.
- I take a weight loss medication.
- I have a pacemaker, automatic implantable cardioverter-defibrillator, or other heart device.
- I have sleep apnea.
- I have had a problem with anesthesia in the past.
- I am allergic to certain medications or materials, including latex.

When to stop medications, herbal remedies, vitamins and other dietary supplements:

- 7 days prior to surgery: Stop taking vitamins, herbal remedies, and other dietary supplements.
- 3 days prior to surgery: Stop taking NSAIDs such as ibuprofen (Advil, Motrin) and naproxen (Aleve).
- Anesthesia will discuss all other medications when they call the day before your surgery.

When to stop eating and drinking before surgery:

- Do not eat any food after midnight the night before your surgery.
- You can drink clear liquids until 4 hours before your surgery. Examples of clear liquids include water, apple juice, black coffee (without cream, sugar or honey) and tea (without cream, sugar or sugar).

It is critical that these instructions are followed or your surgery will need to be canceled.

Pre-operative checklist:

- Arrange for a responsible adult to take you to and from surgery.
- Complete your pre-registration for your surgery center.
- Schedule your pre-op COVID test (to be done no earlier than 72 hours prior to your surgery).
- Refer to your Surgery Itinerary for check-in time and location for the day of your surgery.
- Prepare for your full liquid/puree diet following surgery.
Post-Operative Instructions

Diet

Please refer to the Nissen Fundoplication Diet instructions that you were given by the Nutritionist in the hospital and also the guide below for examples. For the first 3 weeks following surgery, you will be on a full liquid/pureed diet. You will then transition to a post-Nissen soft diet for another 3 weeks. After this, if you are tolerating the post-Nissen soft diet well, you may transition to your normal diet as tolerated.

Important General Guidelines:

- Follow a full liquid/pureed diet for 3 weeks following surgery. Take only small, crushed or liquid medication. Do not take large pills.
- After three weeks and if you are tolerating a full liquid/pureed diet well, you may progress to a Nissen soft diet.
- Aim for 5-6 small meals a day. Avoid overeating at any one time.
- Eat slowly, take small bites and chew all of your food well.
- Following each meal, sit in an upright position for at least 60 minutes. Going for a short walk can also help.
- Try to drink liquids 30 minutes before or after your meals. If you do drink liquid with your meals, do not drink more than ½ cup.
- If food gets stuck, don’t panic. Try to relax and let the food pass on its own. Sipping warm liquid can help.
- Avoid alcohol, caffeine, mint tea, acidic and carbonated beverages and drinking through a straw for the first 1-2 months after surgery.
- Avoid vomiting/retching. If you experience any nausea, take your anti-nausea prescription medication and apply Sea Bands (more info below in the Medication section). If this is ineffective, contact Oregon Surgical Wellness at 541-735-3778.

Full Liquid/Post-Nissen Diet:

- **Milk and milk products**: liquid milk and alternatives; smooth ice cream and sherbet, yogurt without fruit, strained cream soups (no tomato), custard, pudding and small curd cottage cheese.
- **Protein drinks**: Any smooth drink such as Carnation Instant Breakfast, Ensure, or Boost
- **Other beverages**: Gatorade, juices except citrus, tomato, V-8, or anything with pulp
- **Grains**: Smooth and thinned cooked cereals (e.g., Cream of Wheat)
- **Fruits and Vegetables**: Pureed only and without strings, seeds or skins (e.g., smooth mashed potatoes, applesauce)
- **Soups**: Blenderized or strained soups (except tomato), broth
- **Meats**: Blenderized/smooth
- **Desserts**: smooth popsicles, Jello-O, pudding

Nissen Soft Diet:

- **Milk and milk products**: All except ice cream, yogurt or pudding with nuts or fruit added
- **Meat and meat substitutes**: Finely ground meats with extra sauce or gravy, soft cooked eggs (no fried eggs), tofu. Avoid tough, crispy, and highly seasoned meats (e.g., bacon, fried chicken, sausage, hot dogs), peanut butter, dried beans, lentils, nuts, large seeds (e.g., blackberry, raspberry)
- **Vegetables**: Soft cooked vegetables without seeds or skins (e.g., well-cooked carrots, green beans, squash, white potato without skin), low-pulp vegetable juices except tomato
- **Fruits**: Very soft, peeled fruit without large seeds, fruit juice except citrus, all canned or cooked fruits except pineapple, dried fruit, citrus and fruit with large seeds or peel
- **Breads, cereals, starches**: Well-cooked white potato or yam (without skin), carrot, squash, pasta, rice. Smooth cooked cereals (e.g., Cream of Wheat and grits)
• **Desserts:** Plain pudding, custard, ice cream, gelatin desserts, popsicles. Avoid desserts containing coconut pieces, nuts, seeds, fruit with skin, dried fruit, or mint extracts

• **Fats and Oils:** Butter, margarine, oil, mayonnaise, mild cream sauces and gravy, plain cream cheese. Avoid salad dressings and highly seasoned or spicy sauces

• **Beverages:** All except carbonated beverages, citrus, tomato, mint tea, caffeine, alcohol

• **Miscellaneous:** Salt, mild seasoning and herbs, ketchup, yellow mustard

### Medications

You will be given a prescription for anti-nausea medication. It is important to take this right away if you develop any nausea in order to prevent vomiting or retching. If this medication is ineffective, please contact our office.

If you experience bloating or abdominal distention, take a chewable simethicone (Gas-X) before meals and at bedtime.

Pain management is an important part of your post-surgery care. You should expect some discomfort after your surgery. It is important to take your pain medication prior to your pain becoming intense in severity.

Mild swelling is normal following surgery. To help decrease inflammation and discomfort you should apply ice packs to the surgery area for the first 24-48 hours after your surgery and then as needed. Apply the ice pack for 20 minutes every 2 hours as you can throughout the day.

You may experience pain in your shoulder due to gas that inserted into your abdomen during the surgery. Moving around, walking, applying heat, taking simethicone (Gas-X), and/or drinking peppermint tea can help decrease the gas and the shoulder pain.

Some side-effects from narcotic pain medication include nausea/vomiting and constipation. If you experience these, you should stop the medication and take ibuprofen or acetaminophen for pain management.

If you experience any nausea, try using Sea Bands (available in pharmacy departments or online). This is a drug-free method that works to treat nausea by using a pressure point on your inner arm. Please refer to *Acupressure for Nausea and Vomiting* in the Resources section on our website for more information.

While on narcotic pain medications, you should be taking liquid docusate sodium (Colace) 100 mg twice a day with good fluid intake. If you do not have a bowel movement after 3 days, take MiraLAX morning and night until you have a bowel movement. If no results, please contact our office.

You may resume your previous medications, vitamins and herbal remedies unless instructed otherwise.

### Incision/Dressing Care and Showering

You may shower 24 hours after your surgery as long as a clear plastic dressing was placed over your incision at the time of your surgery. No bathing or soaking for at least 2 weeks after your surgery.

Remove your dressings 4 days after your surgery. Remove the clear plastic outer dressing and gauze and leave the steri-strips (strips of tape) that cover your incision. Steri-strips should remain in place for 7-14 days. The strips will gradually loosen and come off. If they do not come off within two weeks, please remove them yourself.

It is normal to have some drainage on your dressing for the first couple of days after your surgery. It is normal to have some swelling around your incision. The skin above and below your incision will feel numb and it is normal to have a firm lump directly beneath your incision line, this will dissipate within a couple of months.
Activity Restrictions

Avoid lifting anything heavier than 10 lbs. for at least 6 weeks. Do not do any strenuous activity that uses your abdominal muscles. After 6 weeks, gradually progress activity as tolerated. It is ok to use stairs after your surgery.

You are ok to drive once you are no longer taking narcotic pain medication and feeling capable to perform safely. You may return to work once you are no longer taking narcotic pain medication and are not required to do any strenuous activity or heavy lifting. Patients generally return to work an average of 2 weeks after surgery, depending on their level of discomfort. If your work requires you to perform physical type duties, you may return after 6 weeks. Please notify our office if you need a return-to-work letter for your employer.

Follow-up Appointments

Please call 541-735-3778 to schedule your 4-week post-op appointment.

Things to Watch For

1. Chest pain or difficulty breathing.
2. Nausea and/or vomiting
3. Dressings saturated with blood.
4. Severe swelling or bruising.
5. Fever greater than 101.0.
6. Uncontrolled pain.
7. Diarrhea that continues for 12-48 hours.
8. Signs of a wound infection: increased swelling, redness, pain, drainage and/or odor.
9. Your incision separates or opens up.
10. Pain or swelling in your calf.

If you feel you are having a life-threatening emergency, please call 911.

Please call Oregon Surgical Wellness if you have questions or concerns, 541-735-3778. The office is open 9:00 am to 5:00 pm Monday through Friday. For urgent needs after office hours, please call 541-222-9911 to speak to the on-call surgeon.

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