

Maine Medical

PARTNERS

Surgical Care Casco Bay

Post-Operative Instructions Laparoscopic Nissen Fundoplication (or Hiatal Hernia Repair)

Description of the Operation

We will be doing a laparoscopic Nissen (or Toupet) fundoplication for you. Any hiatal hernia will also be repaired at the time of surgery. A fundoplication involves wrapping a portion of your stomach around your esophagus. This creates a valve-like mechanism to stop reflux of stomach juices into your esophagus (and to prevent a hiatal hernia from recurring). We'll close your skin with tiny pieces of tape or transparent glue. Be prepared to spend one night in the hospital, although you might not need to, depending on how you feel after surgery.

Your Recovery

Vigorous straining (or prolonged vomiting) too soon after surgery can damage your diaphragm muscle before the stitches in it have had a chance to heal. This can cause your stomach to move out of position (a hiatal hernia) and the operation to fail or even require re-operation. Almost everybody experiences constant, dull chest, neck or shoulder discomfort when waking up from surgery. It usually fades within a day or two, sometimes longer. Because your operation will be performed laparoscopically, your discomfort will probably resolve before your diaphragm has finished healing. You should avoid heavy-lifting and any activity that causes you to strain and “get red in the face” for at least a month to let the diaphragm heal. You should be able to return to work or usual activities (except for the heavy-lifting) within a few days to a few weeks, depending on the activities. You may resume showering the day after surgery. Simply let the tape or spots of glue fall off on its own.

Pain Relief After Surgery

- Take Extra Strength Tylenol (or generic acetaminophen) 1000mg every 6 hours for 3 days, then only as needed to control discomfort.
- Take Advil (or generic ibuprofen) 600mg every 6 hours for 3 days, then only as needed to control discomfort. (DO NOT use Advil if you have a history of stomach or intestinal ulcers or have had problems taking aspirin in the past.)
- Take 1-2 oxycodone 5mg (or Dilaudid 2mg) tablets every 3 hours as needed for discomfort that remains after taking Tylenol & Advil. Not everybody needs this, so you might choose not to fill the prescription. This is a narcotic pain killer. If you use it you must beware of becoming drowsy or inattentive, and you will not be able to drive or operate dangerous equipment. It can also cause nausea and constipation.

The above combination is for maximum pain control. You may skip some or all of the medications if you're comfortable without them.

Other Medications

The last dose of any anti-reflux medications (Nexium, Prilosec, Prevacid, Aciphex, Protonix, Pepcid, Zantac, Axid, Tagamet) should be taken the morning of surgery. Discontinue it after surgery unless we instruct you otherwise. If we do ask you to continue taking them after surgery, go ahead and stop them on your own a month later.

Resume all other usual medications unless we instruct you otherwise.

Most Frequent Problems

- **Discomfort** – A dull shoulder & neck ache and abdominal soreness and are the most common immediate problems after waking up. The shoulder ache usually lasts a day or two but can sometimes linger for weeks.
- **Trouble swallowing** – The stomach wrap gets swollen right after surgery and, when swollen, tends to be a little too tight. This is noticeable in about half of my patients and generally lasts for a few weeks to a few months. You may have some difficulty swallowing solid foods. Bread and meat seem to be the worst. You will go home on a liquid diet and can advance it on your own. If it requires teeth to eat, start with small bites, chew thoroughly and eat slowly. Many patients find toast easier to swallow than bread, fish easier than chicken, which is easier than steak. Don't get discouraged if some bites feel as though they stick in your chest. This is temporary and almost always clears up by itself. People usually lose weight during the first month or two, which is okay as long as they drink enough fluid. Some people choose to put their meals in a blender to make them easier to swallow.
- **Gassy bloating** – You should be able to burp, but it might not be as effective as before surgery, particularly when the wrap is still swollen. If you find yourself getting uncomfortably bloated with gas, try eating more slowly, avoiding straws and chewing gum so you swallow less air and cutting out carbonated beverages for a few weeks. Some people find Beano helpful. Don't be surprised if you pass more gas from your bottom.
- **Nausea** – If you feel okay when you leave the hospital but start to feel nauseated at home, it is probably caused by the prescription pain killer. You might want to take only the Tylenol and Advil in that case or call me for a different prescription (which might also causes nausea). Prolonged vomiting or dry heaves soon after surgery puts more stress on your new wrap than I'd like.

Reasons to Call Us

- Pain not controlled by your medication
- Persistent vomiting or dry heaves
- Fever and wound redness or persistent leakage from an incision
- Any questions or concerns what-so-ever

Post-Operative Office Appointment

Date: _____ Time: _____

We would like to see you in 3-4 weeks. Please call to confirm your appointment or to arrange one if you don't have a date & time yet. If you have any questions, please call (207) 761-6642.

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