

## **DISCHARGE INSTRUCTIONS AFTER ABLATION OF ESOPHAGUS**

### **Follow-up:**

Call 303-788-7700 for a follow up endoscopy in 2 months

- ( ) in office to discuss surgery in the next 2-3 weeks
- ( ) at Rocky Mountain Surgery Center
- ( ) at Swedish Medical Center for further ablation

### **Diet:**

Please stay on a liquid diet for 48 hours after your procedure. Then a soft diet for the next 5 days. Please avoid alcohol, crunchy food (chips, pretzels, crackers) or food you must chew a lot such as meat, bread, nuts.

### **Activity:**

You may not drive the day of the procedure. No other activity restrictions.

### **Chest Pain & Sore Throat**

You may have a sore throat for a few days. It is common to have chest pain after this procedure. You will be given several medications to take for this (see below).

### **Pain Medication & Medication Reconciliation:**

- Xylocaine/Mylanta mixture – sip on this as needed for heartburn, belching, hiccups and before eating/drinking to help minimize pain with swallowing.
  - You will be given a prescription for the Xylocaine. Mylanta is over the counter (please buy Mylanta brand only). Mix 2 ounces of xylocaine with 12 ounces of Mylanta.
- Compazine – take one pill every 8 hours as needed for nausea and/or vomiting.
- Sucralfate – 30ml by mouth before meals as needed.
- Continue your reflux medication: Nexium, Prilosec, Prevacid, etc TWICE daily for the duration of your treatments. A prescription for Omeprazole has been written. If you are on a different PPI, continue on that medication 30 min before dinner, and take Omeprazole 30 min before breakfast.
- AVOID: Aspirin, anti-inflammatory medications (Motrin, Advil, Aleve, Ibuprofen) for 1 week after the procedure.

### **Call for:**

1. Fevers to more than 101 ° F, or with chills.
2. Unusual chest pain or leg pain.
3. Increasingly red or tender incisions.
4. Please do not hesitate to call with any other questions.

### **Other:**

For non-urgent questions, you may email Kate at [kate@sofisite.com](mailto:kate@sofisite.com) Please allow 24-48 hours for response

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Patient Signature Date

\_\_\_\_\_  
Provider Signature Date

Patient Label