

DISCHARGE INSTRUCTIONS FOR LAPAROSCOPIC HELLER MYOTOMY

Follow-up:

Call 303-788-7700 to schedule a postop appointment with Kate for 2 weeks after surgery.

Prior to your appointment, we will want a cine esophagram at Swedish. Orders will be sent to the hospital. Please call 303-788-5444 option 3 to schedule at your convenience prior to your postop appointment.

Diet:

Follow attached diet progression. Take small bites, eat slowly, and chew thoroughly before swallowing. It may take a few weeks to a few months before you are able to swallow normally again without pain or without food sticking. Be especially cautious with bread and meat as they are most prone to stick. If you have food sticking or have regurgitation or vomiting, go back to a liquid diet until you are not having these problems.

If liquids are coming back up on you, especially if you are not able to take at least 1.5 liters/ day of water or clear liquids, call the office. Carbonated beverages may cause excess bloating and you are cautioned to stay away from them until your system has recovered from surgery; then you may try them gradually.

It is common to notice that you immediately become full eating less, and have pain if you eat too much – this is common and normal.

If you become constipated it is okay to use a laxative periodically.

Activity:

In general, you may resume normal nonstrenuous activity as soon as you are up to it. Aerobic activity as tolerated as long as you can speak in full sentences. If you cannot complete a full sentence without taking a breath, you are working too hard. For 1 month after surgery, if you have to strain to lift something, you should not lift it.

Chest & Shoulder Pain:

Sometimes patients will experience shoulder pain, or deep pain in the chest after surgery. This is due in part to the gas used at laparoscopy, but more so to the sutures placed in the diaphragm muscle; and should gradually resolve. Heat applied to the shoulders tends to help this pain the best.

If Food Sticks:

It is not uncommon for patients to experience food sticking for 4-8 weeks after surgery – sometimes the only thing you feel is severe pain on swallowing. When this happens the best things to do are to stand up, to walk around slowly, and to try sipping some lukewarm water. Generally these pains will pass within 10-15 minutes; if they persist longer you should call the office.

Pain Medication & Medication Reconciliation:

You will have been given a prescription for a narcotic pain reliever such as hydromorphone (Dilaudid). As soon as you are able to, please switch to Acetaminophen (Tylenol), as directed on the package, up to 3000 mg/day.

You may resume other medications you were on prior to surgery. You may have been given a sheet that reviews your medications upon discharge from the hospital. Unless we have specifically informed you of any changes, if there are questions about your usual medications we ask that you review these with the provider that prescribed the medication.

You may discontinue any heartburn medication: Prilosec, Prevacid, Pepcid, Zantac, etc.

You have a prescription for an anti-nausea medication, probably prochlorperazine (Compazine). Use this as directed if you are nauseated, in order to avoid retching.

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Incisions:

Your skin is sealed with a surgical skin glue. You may shower or bathe; avoid placing oiling lotions on the glue. The glue will peel off over time. Some swelling and a lump under the incision will develop and is part of the natural healing process; you needn't be alarmed unless there is drainage more than a Band-Aid will handle. Bruising may occur here too. A bloated sensation is common and loose clothes are needed for a few days or weeks.

Flatulence & Bloating:

It is not uncommon to experience increased flatulence and either upper or lower abdominal bloating after surgery. There is a reason for this, and if you experience symptoms please discuss them during your postoperative visits. Rarely – 1% to 2% of the time – the bloating will be very severe and may signal a problem; you should call Dr. Bell or go to the emergency room if you feel it is appropriate.

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 Please allow 24-48 hours for response

Signature Date Patient

Signature Date Provider

Patient Label

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DIET INSTRUCTIONS AFTER HELLER MYOTOMY

Items marked with an X may be consumed

Post-Procedure Week:	Week 1	Week 2	Week 3	Week 4	Week 5
Chicken Broth, Strained cream soups	X	X	X	X	X
Sorbet, Ice cream, smoothies*	X	X	X	X	X
Liquid Nutritional Supplements	X	X	X	X	X
Pudding	X	X	X	X	X
Milk	X	X	X	X	X
Gelatin	X	X	X	X	X
Yogurt	X	X	X	X	X
Cottage cheese	X	X	X	X	X
Well-cooked and pureed vegetables (no chunks, no potatoes)	X	X	X	X	X
Chewable vitamins	X	X	X	X	X
Clear liquids (coffee, tea, juice, popsicles, etc)	X	X	X	X	X
Moist & boneless fish			X	X	X
Canned fruits without skins			X	X	X
Bananas			X	X	X
Melons			X	X	X
Berries			X	X	X
Tofu			X	X	X
Meatless casseroles			X	X	X
Soft eggs			X	X	X
Cooked vegetables			X	X	X
Pasta			X	X	X
Soft & moist rice			X	X	X
Noodles			X	X	X
Cereals softened in milk			X	X	X
Fresh vegetables					X
Meats					X
Mashed potatoes					X
Breads					X

*cold liquids may cause some discomfort in the chest.

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Answers to commonly asked questions:

1. Mashed potatoes, cream of wheat, and oatmeal are no-no's until week 5.
2. Alcohol may be consumed in moderation when narcotic pain medications are not being taken.
3. Carbonated beverages are not recommended until week 5.
4. You may stop your PPI medication (nexium, prilosec, prevacid, etc).