

DISCHARGE INSTRUCTIONS FOR LAPAROSCOPIC LINX**Follow-up:**

Call 303-788-7700 for an appointment to see Kate Freeman, NP for office follow-up 10-14 days after surgery. It is crucial that you come in for this visit. If you live out of town, please call or email Kate in 2 weeks to talk about your progress. You will also be contacted for post-operative evaluation at 3 months and 1 year from surgery.

Diet:

Everyone is different and tolerates food consistencies differently. Start with yogurt/mushy consistency and increase the consistency as your swallowing allows. You will need to chew your food very well and eat very slowly. This may last for a few months or more. Stay away from bread and meats until you know you are swallowing well (usually at least 10 weeks). Until you are swallowing well (usually at least few weeks after surgery) please have a bite or two of yogurt every hour while you are awake. This will help open the magnets and "break in" the device. Think of it as physical therapy for your esophagus. ****Weeks 4-6, as scar tissue starts to form, swallowing can become more difficult. You may need to modify your diet accordingly. ***** Please let our office know if you are not able to tolerate a bite of yogurt every hour.

Sometimes a sip of carbonated beverage helps to pressurize and push food through.

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.

If this box is checked, you had a hiatal hernia repair and should not lift anything heavy or exercise for 1 month

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.

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.

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.

Call for: fever over 101; unusual chest or leg pain; increasingly red or hot incisions; questions or concerns

Other:

For non-urgent questions, you may email Kate at kate@sofisite.com. Please allow 24-48 hours for response