



SURGICAL CONSULTANTS
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Post-op Hiatal Hernia / Paraesophageal Hernia Repair

Post-op Expectations

- Patients are encouraged to engage in light activity while at home after surgery.
- Post-operative pain is generally mild.
- Anti-reflux medication is usually not required after surgery long term, but many patients require medication initially.
- You will probably be able to get back to your normal activities within a short amount of time. These activities include showering, driving, lifting and working.
- Many patients are able to return to work 2-3 weeks after surgery.
- You may have a feeling of tightness when you swallow for 6 - 8 weeks. This is from the swelling inside your esophagus.
- Some patients experience bloating after surgery.
- Diet will slowly advance, starting with clear liquids, then full liquid then soft diet.

NOTE: You should be seen in the office for follow-up 1-2 weeks after surgery. Please call and schedule an appointment.

Instructions:

- Dressing can be removed the day after surgery.
- You may shower once dressing is removed.
- AVOID soaking in a tub or going swimming until incisions are completely healed.
- Wash wound with mild soap and water.
- Gently pat incisions dry.
- No further dressing needed on site unless there is drainage present.
- Advance diet as directed at discharge.
- When starting liquid diet, DO NOT gulp but start with small volumes of liquid, 1 cup at a time, remembering large amounts of fluid can stretch the stomach.
- AVOID gas...don't drink with a straw, consume carbonated drinks or chew gum.

- AVOID cold liquids.
- AVOID foods that produce gas including corn, dried beans, onions, lentils, peas, broccoli cauliflower and cabbage.
- You may need to avoid milk products, if you are experiencing diarrhea after surgery.
- AVOID breads, rolls, bananas or "sticky" foods that may be difficult to swallow.
- Eat small, frequent meals (6-8 per day) to help avoiding distension.
- Eat slowly and chew thoroughly.
- Remain upright for 30 minutes after each meal and for 2 hours after last meal or snack of the day.
- Walk several times per day.
- Use pain medication as prescribed.
- AVOID driving while using narcotic pain medication.
- Crush pills and take with liquid for the first month after surgery.
- AVOID lifting anything greater than 10 pounds (gallon of milk).
- DO NOT push or pull.

When to call the office:

- Persistent fever over 101 degrees F (39 C)
- Bleeding
- Increasing abdominal swelling or pain
- Pain that is not relieved by your medications
- Persistent nausea or vomiting
- Chills
- Persistent cough or shortness of breath
- Difficulty swallowing that keeps you from eating
- Swallowing problems that don't improve after 2-3 weeks
- Purulent drainage (pus) from any incision
- Redness surrounding any of your incisions that is worsening or getting bigger
- You are unable to eat or drink liquids
- Your skin or eyes turn yellow