



Institute of Esophageal and Reflux Surgery

Reginald Bell MD | Philip Woodworth MD | Kate Freeman NP | Alyssa Clore PA

303-788-7700 | 10099 Ridgeway Pkwy Ste 110 Lone Tree, CO 80124

DISCHARGE INSTRUCTIONS FOR HEMIGASTRECTOMY/ANTIREFLUX SURGERY

FOLLOW-UP:

We will call you the day after surgery, and at 2 and 6 weeks after surgery, unless other arrangements have been made. If you have questions/concerns beforehand, please feel free to email info@iersurgery.com or call the office at 303-788-7700.

DIET: BELOW ARE THE KEY POINTS – PLEASE FOLLOW THE 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 food sticking. Be especially cautious with bread and meat as they are the most prone to stick. If you are experiencing food sticking, regurgitation or vomiting, go back to a liquid diet until this resolves.

Stay hydrated! If liquids are coming back up, especially if you are not able to take at least 1.5 liters of water or clear liquids per day, call the office.

Bloating: Carbonated beverages may cause excess bloating and it is best to avoid them until your system has recovered from surgery. If you are bloated, do not drink through a straw, chew gum or suck on hard candy.

Dumping Syndrome: Some patients experience cramping and diarrhea if they eat refined sugar after surgery. If this happens, reduce the amount of sugar in your diet and make sure to pair your carbohydrate with protein.

It is common to notice that you immediately become full after eating and have pain if you eat too much. It can be helpful to eat 5-6 large snacks/small meals throughout the day while you are recovering.

If you become constipated it is okay to use a stool softener or laxative as needed.

Vitamin supplementation: Since part of your stomach has been removed and your intestines re-routed, you are at risk of certain vitamin deficiencies and will need lifelong supplementation. You will also need to let your primary care provider aware that you've had this surgery and arrange for yearly labs to make sure your vitamin levels are appropriate. Please see the attached information on vitamin and mineral supplements.

ACTIVITY:

In general, you may resume normal non-strenuous 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.

Activities that suddenly increase pressure in the abdominal cavity (jumping, sit-ups or crunches, heavy weight lifting) should be avoided for 4 weeks after surgery.

You should not lift anything that requires you to strain for 1 month after surgery.

CHEST & SHOULDER PAIN:

Almost all patients have pain in the shoulders after surgery. This can be intense at times but will slowly subside, usually over a week or two. This is due in part to the gas used at laparoscopy, but more so from the sutures placed in the diaphragm muscle. Heat applied to the shoulders tends to help this pain the best. It may be difficult/uncomfortable to take a deep breath or lie flat immediately after surgery as breathing uses the diaphragm muscle. This will slowly improve as you heal from surgery. Doing slow deep meditation type breathing will help with recovery.

PAIN MEDICATION & MEDICATION RECONCILIATION:

You have been given a prescription for a narcotic pain reliever, usually hydromorphone (Dilaudid), unless you are unable to tolerate.

It can be very helpful to schedule both Tylenol and ibuprofen (Advil, Motrin) for the first 48 hours if you are allowed to take these. Please follow the directions on the box. These can be taken in addition to hydromorphone and you are encouraged to stop taking narcotic medications as soon as your pain allows.

You may resume other medications you were on prior to surgery.

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

You have a prescription for an anti-nausea medication such as ondansetron (Zofran). Use this as directed if you are nauseated, it helps lessen vomiting/retching. You may wish to keep this on hand if in the future you get very nauseated. If you don't have an anti-nausea medication please call the office for a prescription.



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INCISIONS:

You will have typically 5 small incisions between your belly button and your rib cage. The incisions are sealed with a surgical skin glue. You may shower or bathe; avoid placing oil or 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.

FLATULENCE AND BLOATING:

It is not uncommon to experience increase 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 post-operative visits. Rarely, 1-2% of the time, the bloating will be very severe and may signal a problem. You should call Dr. Bell or go to the emergency department if you feel it is appropriate.

SWALLOWING AND MEDICATIONS:

You may take your normal prescription medications. It is sometimes helpful to take them with yogurt or applesauce instead of water. If you are still having problems swallowing them, you can check with your pharmacist and see if you can crush or break them. Hold off on large vitamins or supplements until you are swallowing without difficulty.

HICCUPS

Hiccups are most often due to fluid and or food that has not passed out of the esophagus. Typically, they will stop in a few minutes. Wait until the hiccups have passed before resuming oral intake.

SPASM

Some patients experience spasm (chest tightness that can take your breath away) during the recovery period. Typically, this will last a minute or so. Spasm is most often due to food getting stuck in the lower esophagus though sometimes will occur spontaneously. Although it can be very uncomfortable, it is not serious, and the frequency and severity will decrease as time goes by. If after 4 weeks you are having spasms every time you eat please make an appointment to see us, or at least contact our office by phone or email.

HEARTBURN OR REGURGITATION AFTER SURGERY

Some patients will feel 'heartburn' after surgery. It is very unlikely this is due to reflux. Heartburn can occur with esophageal irritation of any type including surgery – not just acid reflux. Heartburn can also occur after drinking acidic liquids (e.g. lemonade) that don't clear immediately after swallowing.

Regurgitation during the recovery phase is *reflux of fluid within the esophagus*, and not from the stomach. Don't be alarmed if this happens, it should resolve as the swelling goes down and swallowing improves.

It is very unlikely you should need acid-suppressive reflux medications after surgery. If in the future, if someone wants to prescribe reflux medications for you, or you are concerned your reflux is back, please let us know. We strongly recommend a pH test to document reflux prior to starting on reflux medications, especially after surgery.

CALL FOR:

- Fever over 101.5
- Continuous vomiting
- Significant inability to swallow liquids
- Unusual chest or leg pain
- Increasingly red or hot incisions.

QUESTIONS AND CONCERNS:

For non-urgent questions, you may email info@iersurgery.com. Please allow 24-48 hours for response. If you have an *urgent* issue that cannot wait until normal office hours, please call the office 303-788-7700.



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DIET INSTRUCTIONS AFTER HEMIGASTRECTOMY

Postop day 1-2 (in the hospital)- clear to full liquids as tolerated. No carbonated beverages

Day 3-14

- Take 2 chewable vitamins daily
- Take B1 1.2mg daily
- you should be taking in 48-64 ounces of liquids a day 24-32 ounces of clear liquids and the rest full liquids
- you can have clear liquids and full liquids- no chunks
- some patients can get crampy abdominal pain and diarrhea (dumping syndrome) with high sugar content drinks
 - if this happens, avoid high sugar containing liquids

Day 14-21

- increase clear liquids to 48-64 ounces a day and replace full liquids with soft, moist, ground, diced or purees protein sources as tolerated
- 6 small (around ¼ cup) meals a day

Day 22-28

- start adding in foods as tolerated
- continue with small frequent meals throughout the day

Day 28 and beyond

- small bites, chew well, eat slow
- if you have a lot of abdominal cramping/diarrhea after eating, try separating your liquids and solids
- you may try carbonated beverages at this point- some patients can handle them and some cannot
- you may consume alcohol- be aware that your tolerances may have changed

Vitamins (Centrum, one-a-day maximum or other brands) that contain at least:

Vitamin A- 500mcg

Vitamin B1- 1.2mg

Vitamin E- 10mg

Vitamin K- 120mcg (men); 90mcg (women)

Vitamin D3- 800u

Vitamin B12- 500-1000mg/day sublingual or oral

Iron- 40-65mg

Folic Acid- 400mcg

Biotin- 30mcg

Selenium- 55mcg

Zinc- 11mg (men); 8mg (women)

Copper- 2mg

Calcium Citrate- 1200-1500mg