



Institute of Esophageal and Reflux Surgery

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

303-788-7700 | 499 E Hampden Ave #400, Englewood, CO 80113

DISCHARGE INSTRUCTIONS FOR PYLOROPLASTY

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 before then, please feel free to email info@iersurgery.com or call the office at 303-788-7700.

DIET:

- **For 2 days after surgery you can have clear liquids. From day 3 through the end of week 2 you can have soft foods. After that you can return to a regular diet as tolerated. If certain foods bother you at first, hold off on eating them for a week or two and then you can try them again.**
- **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.
- 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.

ACTIVITY:

- In general, you may resume normal non-strenuous activity as soon as you are up to it. Aerobic activity is okay to do, 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.
- You should not lift anything that requires you to strain for 1 month after surgery
- While you are on narcotic pain medications (e.g. percocet, dilaudid) avoid driving

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 to the gas used at laparoscopy. 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.
- Continue your PPI medication (omeprazole, dexilant, nexium, prevacid, etc) for 3 weeks following surgery.
- 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.



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

INCISIONS:

You will have typically 3-4 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 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.

CALL FOR:

- Fever over 101.5
- Continuous vomiting
- Increasing cough or sputum production, or difficulty breathing, as these can be signs of aspiration
- 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 and you will be given a number for the on call provider.