

Winchester Surgeons

“Putting Patient Care First”



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Post-op instructions after Laparoscopic Nissen Fundoplication

Follow-up	Please see Dr. Szewczyk / Dr. Hixson / Dr. Wasson for office follow-up 7-10 days after surgery. It is crucial that you come in for this visit. Call 931-967-3966 for an appointment.
Diet:	It is recommended that you stay on a soft diet - food that will melt in your mouth - for a week or so after surgery. After that you may resume solid foods, being sure to chew thoroughly before swallowing. Some patients find that they have no difficulty swallowing, and other patients find that it takes a few weeks, occasionally a few months, before they are able to swallow normally again without pain or without food sticking. 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.
Activity:	In general, you may resume normal activity including sports and sex as soon as you are up to it. A few activities that suddenly increase pressure in the abdominal cavity (e.g., popping wheelies on bikes, abdominal crunches) should be avoided for 6 weeks after surgery. You should restrict heavy lifting for 6 weeks (over 15 lbs.). A bloated sensation is common and loose clothes are needed for a few days or week.
Chest and Shoulder Pains:	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.
If Food Sticks:	It is not uncommon for patients to experience food sticking -sometimes the only thing you feel is severe pain on swallowing - for a while after surgery. 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 Dr. Szewczyk
Medications:	You may be given a prescription for a narcotic (Percocet, Tylenol#3, Lortab, Demerol or Dilaudid). If you don't need as much pain medicine, you can take two extra strength Tylenol every 6 hours. Drink plenty of liquids. If you don't have a bowel movement for two or three days take Metamucil (one tablespoon in 16 oz. water or juice twice a day), or Mineral Oil (2 tablespoons by mouth twice a day), or Milk of Magnesia (1-2 tablespoons once a day). You may resume other medications you were on prior to surgery. You may discontinue any heartburn medication: Prilosec, Prevacid, Axid, Pepcid, Tagamet, Zantac.
Incisions:	Remove the gauze covered with tape 24 hours after surgery. Leave on the small strips of tape (steri-strips). They will fall off in 5-7 days. You may shower 24 hours after you go home. Some swelling and a lump under the incision will develop and is part of the natural healing process; you don't need to be alarmed unless there is drainage more than a Band-Aid will handle. Bruising may occur here too. If your incision is covered with "glue" –you may shower after you go home unless you have drains. Do not soak in a bathtub or swimming pool. After 24 hours it is not necessary to keep your

	incision covered unless it makes you more comfortable.
Flatulence and 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. Szewczyk / Dr.Hixson
Call for:	Call if you have (1) Fevers to more than 101° F, (2) Unusual chest or leg pain, (3) Drainage or fluid from incision that may be foul smelling, increased tenderness or soreness at the wound or the wound edges are no longer together, redness or swelling at the incision site. Please do not hesitate to call with any other questions.
Other:	

INTESTINAL GAS AND REFLUX DISEASE

Problems with intestinal gas often go hand in hand with gastroesophageal reflux disease (GERD). The reason for this is quite simple. The majority of intestinal gas comes from swallowed air. For people with GERD, the only remaining defense for their esophagus against the ravages of stomach acid is swallowing air as well. Over years of combating GERD, a person develops an unconscious habit of swallowing frequently, therefore swallowing large amounts of air. If their lower esophageal sphincter (LES) is defective, this gas is easily belched up without even being noticed. Once you have an anti-reflux surgery (fundoplication) it requires conscious effort to belch. Until your body learns new habits of swallowing less and belching when your stomach has air, you will tend to have a lot of intestinal gas. Following a fundoplication it often takes between 2 and 8 months for these new habits to get you back to "normal".

There are other reasons for increased gas as well. These include:*Poor eating habits *Hurried irregular meals *Excessively consumption of high fat and sugar containing foods *Overeating *Tobacco *Food reactions *Tension and anxiety.

There are some general things that you can do until your gas problems resolve, such as the following:

- 1. Slow down eating:***Avoid gulping foods and swallowing air *chew food well *relax and enjoy meals *do not talk while chewing
- 2. Avoid overeating:***Eat smaller more frequent meals *eliminate foods high in sugar and fat-rich pastries, milk shakes *Meals high in fat remain in the stomach longer allowing more bacterial action *sugar ferments causing gas.
- 3. Avoid things that increases swallowing air:***Smoking, chewing gum, carbonated beverages, seltzers, gulping food, chewing ice and air filled whipped desserts incorporate air into the intestinal tract.
- 4. There are some foods which may be gas producing:***dried beans and peas are known to produce gas *cabbage, broccoli, onions, cauliflower, brussel sprouts, turnips, corn, sauerkraut, green peppers, cucumbers, lettuce, dried fruits, bran, raw apples, radishes, and nuts *try limiting milk and milk products - cottage cheese, cheese; use milk only in cooking. Limit alcohol and coffee; consume only small amounts with meals.
- 5. Increased roughage in the diet can help:***Low fiber foods increase time for passage of food, thus giving longer time for bacteria to work on contents and form gas *use whole grain breads and cereals, fresh fruits and vegetables and drink at least 8 glasses of fluid per day.
- 6. Some over the counter medications containing Simethicone can help:***Gas X *Mylanta *Digel

Improved Swallowing in Patients after Antireflux Surgery

In the normal swallow, food passage takes 1-2 seconds in the oral stage (once chewing is completed), 1-2 seconds in the pharyngeal or throat stage (passing the larynx) and up to 10 seconds to pass through the esophagus to the stomach.

During swallowing in the early stages after surgery, there is reduced esophageal motility. The time for food passage is the same as above for the oral and pharyngeal stages, but increases to 20-30 seconds or more for the bolus of food to pass through the esophagus.

Coping strategies:

7. Sit up straight in a supportive chair for 30-45 minutes during and after a meal, using gravity to aid the movement of the food or liquid through the esophagus.
8. Take smaller bites of food and sips of liquid.
9. Pace the rate of eating or drinking very slowly. Determine how fast you should eat by first timing yourself using a second hand for a few swallows, allowing 20-30 seconds between bites of food or sips of liquid. It may seem like a very long time if your habit has been to eat rapidly. Once you've determined this slower pattern, relax into the rhythm of slower eating.
10. When eating more textured foods, it is helpful to alternate textured food bites with sips of thin liquid which aids clearing the esophagus.
11. If you experience a sensation of fullness, reflux, or mild pressure in the esophageal region, stop eating for a few minutes, remain upright and wait for the sensation to pass before eating again. You may want to sip water or thin liquid before resuming eating textured foods.
12. Arrange your meal times around another activity that can engage your attention and make the slower rate tolerable. Examples include watching TV, listening to the radio, 'people watching', looking out at an interesting scene, reading (if you can maintain upright posture while reading), or easy conversation if eating with someone. Maintain attention to the rate of eating so that you don't fall back into old, more rapid patterns.
13. Avoid swallowing with a forceful swallow, or pushing the food or liquid back toward the throat with the tongue in a rapid, pumping or forceful manner. This action increases the amount of air one swallows, leading to a sense of esophageal fullness.