

# Post-Operative Patient Information

## Dr Sameer Miharshahi

### Hiatus Hernia Repair/Fundoplication

#### **Pain relief (Analgesia)**

Unless you've got absolutely no pain after discharge from hospital, you should take some pain relief for the next few days. How long you will have to take analgesia is variable. Commonly you will be prescribed:

Paracetamol: take this regularly for the next few days, general dose 2 tabs (1 gram) maximum 4 times daily. You should get off all the other pain relief before stopping this. Although it is the least potent analgesic, it has a minimum of side effects, and tends to reduce your requirements for more powerful pain medications.

Targin (long acting oxycodone combined with naloxone): this is a medication that should be taken in the morning and evening only—it lasts for 12 hours. You will have this prescribed if you have needed a lot of short acting painkillers the night of the surgery and the following morning

Oxycodone: this is a short acting strong painkiller, related to morphine. Take as little of this as possible, as it has a fair few side effects (nausea, constipation, makes you sleepy, can make it difficult to concentrate, and you can't drive whilst you are taking it). You may be prescribed a small amount of this medication for discharge.

If you are needing the last two of these medications, both cause constipation, so it is a good idea to take some laxatives as well. This may be as simple as taking a fibre supplement such as Metamucil/Benefiber, prunes, medications such as Coloxyl with Senna or Movicol, or anything that works for you.

#### **Diet**

This is probably the most important section after hiatal hernia surgery. My main rule is 'CHEW CHEW CHEW'. If you chew just about anything thoroughly enough, it is a puree by the time it gets into your oesophagus. Getting into the habit of chewing thoroughly if you are not used to it, takes a lot of reminding. If you can't trust yourself, try to avoid dry foods eg. toast, and non-minced meats such as steak, chicken. etc. If you really can't trust yourself, or you have a lot of dysphagia

(difficulty swallowing) with the sensation of food hold-up in the lower oesophagus which is taking a long time to pass, then being on a puree diet, with extra liquid protein/calorie supplements (eg. Sustagen, Up and Go) is advisable.

## **Wound Care**

Leave the dressings on the laparoscopic sites for 5 days, and then take them off and leave your wounds open. You can shower whilst the dressings are on as they are usually waterproof. Don't have a bath though, otherwise the water does tend to get in and causes problems with the wound. Taking the dressings off after 5 days allows them to dry out, and you can keep an eye on them for signs of infection (increased local pain at the wound, swelling, redness, discharge of pus). If there is some discharge of yellowy fluid or blood from the wound, don't be too alarmed, but do put a dressing (eg. a Band-Aid) on - in this setting it is only to keep your clothes from getting stained. Take the dressing off in the shower and cleanse the wound (without rubbing too hard), and pat it dry. Reapply a new dressing if needed. There are sutures (stitches) just underneath the skin closing the wounds - they do not need to be removed as they are broken down and absorbed by the body over a few weeks. It is a clear thread that looks like fishing line. Sometimes, despite trying to tie the knot deep down, it turns back up and you can feel the 'rabbit ears' of the knot poking through the skin, which can be irritating. If this is the case and it is more than 7 days after the surgery, get your loved one to grab a pair of eyebrow tweezers and small scissors, grab the thread, pull it up and cut it flush with the skin.

## **Physical activity**

It is really important to be physically active after the surgery, particularly with regular walking. There is a limitation on heavy lifting after the surgery (heavy is >8-10kg), usually for 3 weeks. The reason for this is that at the umbilicus (belly button) we have cut through the fibrous tissue of the abdominal wall to get in to the abdomen at the start of the surgery, and we close this layer with a very slowly dissolving suture. If you overstrain this wound too early, the fibrous tissue layer closure can come apart, which then forms a lump called an incisional hernia (yep, another hernia!). This usually will require further surgery, and more time off physical activity.

The main thing to do when recommencing activity is to listen to your body. If you have a lot of discomfort at the belly button on performing a particular activity, stop it, wait a few more days and then try again.

Generally, I'm happy with resuming jogging, pool swimming after 10-14 days.

## **Driving**

My rules on driving are that first, you shouldn't be taking any strong painkillers such as Targin or oxycodone. Then, you should sit in the car, do not turn it on, put your foot on the brake quickly, and then twist right and left to look for traffic. If you can do these movements without pain in your belly affecting these movements, you are safe to drive from my point of view.

## **Work**

I think it is reasonable to have 1-2 weeks off work if this is feasible, but this depends very much on how you are recovering after the surgery. It is particularly important for those with jobs involving heavy lifting or manual labour to let your employer know of your physical restrictions after the surgery, so that a staged return to work is planned.

## **Post-operative appointment**

Please make an appointment to see Dr. Mhrshahi 3 weeks after the surgery to discuss your progress. At this point, if we haven't already, we may well stop your antireflux medication, if things are going well. If you are having a lot of difficulty with swallowing and have episodes of food getting stuck resulting in vomiting, you may need an endoscopy to have a look at the repair and perhaps perform a dilatation, 6 weeks after the surgery.