

DR. LIU HENNESSEY'S POST-OP CARE INSTRUCTIONS & RECOMMENDATIONS

Laparoscopic Hiatal Hernia Repair and Fundoplication

After discharge, please contact our office to book your follow-up appointment for 4-6 weeks after surgery date. Please indicate your full name and the procedure performed when contacting the office. Email is best: clinic@hnsy.ca

*****Notify our office or go to the Emergency Department if any of the following occurs*****

- Fever with a temperature over 38.5°C or 102°F
- Continued nausea and vomiting after 2 days
- Worsening and severe abdominal pain despite prescription pain medication
- Unable to pass urine after more than 6 hours
- Pain, aching, or redness in your calves, and/or swelling of the leg
- Increasing redness around the incision, notable change in the type of drainage from clear to pus-like (yellow/green, with foul smell)

Wound Care and Showering

- Keep the area dry for 2 days and you may shower on day 2 after surgery. The outside dressing (usually white rectangle) may be removed after the shower.
- There are Steri-Strip™s on the skin and you may continue to shower with these on. When showering, let water run down, then gently pat the area dry with a towel. **DO NOT** rub or scrub.
- Steri-Strip™s usually fall off by day 7 on their own, if not, they may be removed then. No need to replace them.
- Clear/pink discharge from the incisions is normal. Apply a clean gauze or a Bandaid™.
- **DO NOT** bath/swim/soak the incisions until cleared by Dr. Liu Hennessey.
- A small amount of bleeding from the incision(s) is normal for 1-2 days. If significant bleeding occurs, apply firm pressure with one finger right on the incision for 10 minutes.

Pain Management

- You may feel pain in your shoulders for 1-2 days. This is from remnant CO2 from surgery and is normal.
- Take over-the-counter Acetaminophen (Tylenol®) according to box instructions to start (up to 4000mg a day).
- Meloxicam (6 tablets) is an anti-inflammatory pain medication (NSAID). If you were prescribed this, you may take it in addition to Acetaminophen. Take it with food. **DO NOT** take other anti-inflammatory medications like Ibuprofen (Advil®/Motrin®); Naproxen (Aleve®/Naprosyn®); Celecoxib (Celebrex®) while taking this medication.
- If you did not receive a prescription for, or if your insurance does not cover Meloxicam, you may take over-the-counter Ibuprofen or Naproxen in addition to Acetaminophen.
- Tramadol and Hydromorphone are opioid (narcotic) pain medications. Take them as prescribed **ONLY** if your pain is not well controlled with the combination of Acetaminophen and anti-inflammatory medications. **You do not need to fill this prescription if your pain is already controlled.** Opioid medications can cause drowsiness & constipation. Add an over-the-counter stool softener like Polyethelene Glycol (PEG3350, RestoraLAX®).
- **DO NOT** drink alcohol when taking prescription pain medications. Keep in mind that relaxing, using a heating pad, reading, or watching TV to take the mind off, or going for a gentle walk will all help with pain.

Medications

- Use over the counter and prescription anti-nausea medication at the first sign of nausea. **It is critical to avoid retching or vomiting**, as this will stress your repair.
- **Blood thinners** [Warfarin (Coumadin®), Clopidogrel (Plavix®), Acetylsalicylic Acid (Aspirin®), Rivaroxaban (Xarelto®), etc.]: be sure to talk to Dr. Liu Hennessey first about when you can resume them after surgery.
- **Continue** your antiacid medication (e.g. Pantoprazole, Lansoprazole, Omeprazole) for 2 more weeks.
- All routine medications may be resumed the day after surgery unless Dr. Liu Hennessey indicated differently.

Activities and Limitations

- There are no specific activity limitations. **Let pain be your guide**—if any activity leads to pain at any point, then stop doing that activity and try again in a few days. As a rough guide, avoid lifting anything heavier than 10kg (e.g. heavy groceries, children, heavy briefcase/backpack, pets, pet supplies, vacuum, etc.) for 1-2 weeks.
- **Walking:** begin as soon as possible as it aids recovery.
- **Driving:** permitted once no longer taking prescription pain medications, and when you can comfortably turn your neck for shoulder checks.
- **Return to work:** allow at least 4 weeks prior to return to work given the need for diet adjustment – see below.

Diet Advancement

- After surgery, swelling around the lower esophagus causes temporary narrowing and difficulty swallowing. This is **normal and expected** and improves as healing progresses. Your diet must be advanced **gradually** to avoid complications such as food impaction or disruption/undoing of the surgical site (fundoplication or wrap).
- Follow the guide below and advance to the next phase only if there is no difficulty swallowing. Otherwise continue with fluids only.

Phase	Timing	What to Eat	What to Avoid
Phase 1 Full Liquids	Days 1–7 (hospital / home)	Milk, yogurt (thin), blended smoothies, protein shakes, soups (strained), congee (thin), liquid meal supplements (e.g. Ensure™, Boost™), soft fruits (banana, melon)	Carbonated drinks, caffeinated beverages, alcohol, solid food
Phase 2 Pureed/Soft	Weeks 2–3	Mashed potatoes, scrambled eggs, cottage cheese, pureed vegetables, soft fish (e.g. tuna), oatmeal, avocado, hummus, congee (thicker), silken tofu	Carbonated drinks, bread, meat, spicy or acidic foods, raw vegetables
Phase 3 Mechanically Soft	Weeks 3–4	Well-cooked pasta, cooked and soft vegetables, ground meat, soft bread without crusts, firm tofu	Carbonated drinks, dry or tough meat, raw vegetables, hard bread
Phase 4 Regular Diet	Week 4+ (surgeon clearance)	Gradual return to a normal, balanced diet. Introduce new foods one at a time.	Continue to avoid carbonated drinks for a total of 8 weeks

- Key eating rules at all stages:
 - o Eat small, frequent meals — aim for 5 to 6 small meals per day rather than large meals
 - o Chew food thoroughly — take small bites and chew until food is nearly liquid before swallowing
 - o Eat slowly — rushing causes food to get stuck and can stress your repair/undo the surgery
 - o Sit upright while eating and remain upright for 30–60 minutes after each meal
 - o Drink fluids between meals, not during — limit fluids at mealtimes to avoid distending the stomach
 - o Avoid carbonated beverages for at least 8 weeks — gas causes bloating and can disrupt healing