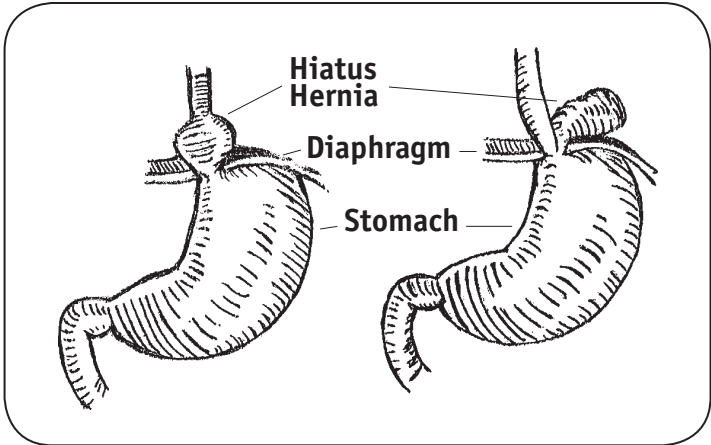


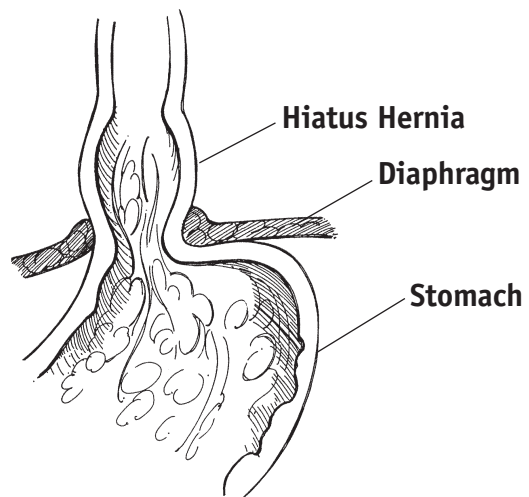
Hiatus Hernia Repair

A Patient & Family Information Guide



General Information

A *hiatus hernia* occurs when the stomach moves up through the diaphragm (the thin, flat muscle separating the organs of the chest from the organs of the abdomen). Where the esophagus passes through the diaphragm there is an opening called a “hiatus”. In some people, the hiatus becomes wider than usual allowing the stomach to push up (herniate) through the hiatus (*see diagram*). Hiatus hernias can occur in about 40% of the population and most people have no symptoms. Heartburn is the most common symptom especially when lying down, straining, or stooping. Other symptoms include pain in the upper abdomen and chest, feeling sick, an acid taste in the mouth, bloating and belching.



More serious problems that can occur with a hiatus hernia are difficulty swallowing food, reduced blood supply to the herniated part of the stomach and tears in the esophagus. These cases call for surgical repair.

This booklet has been put together to let you know what to expect before and after surgery. **It is a guide only and we recommend that you bring it with you to the Pre-Admission Clinic and when you come into hospital for your surgery.**

You will usually be in hospital for 2 or 3 days. Plan for your discharge on the 1st or 2nd day after surgery. Arrange for someone to pick you up and for someone to help you at home for the first few days as needed.

Getting Ready for Surgery

Most patients come to the Preadmission Clinic (PAC) for their tests before surgery. The nurses in PAC will teach you about how to prepare for your surgery and answer any questions you may have. If you had a preadmission clinic visit, you will be admitted for surgery the day of your operation through the Same Day Admit Unit.

- An anaesthetist will see you in the PAC and ask you questions about your general health and any medications you are taking.
- An anaesthetist will also talk to you about ways to relieve your pain after the operation. Your nurses and doctors will teach you how to describe your pain on a scale of 1 to 10, so it can be better controlled.
- A technician from the lab will take a blood sample and do an ECG. You may also have a chest x-ray.

Before Your Surgery

Diet Instructions before surgery:

You must not eat solid food for 24 hours before your surgery. You may drink clear fluids ONLY (clear fruit juices such as apple, grape, and cranberry, broth, jello, popsicles and black coffee/tea).

The evening prior to your surgery before midnight drink 2 glasses of clear fluids high in sugar (carbohydrates) e.g. apple juice or cranberry juice. On the morning of your surgery drink one glass of clear juice 1 hour before hospital check in time, then DO NOT drink at all. This will help keep you hydrated and helps to keep your blood sugar normal during surgery.

After midnight on the night before surgery:

- You may drink clear fluids until one hour before hospital check in time, then DO NOT drink at all.
- If you are already in hospital, you may or may not be allowed clear fluids the night before surgery.

Have a shower the night before and the morning of your surgery using the special wipes you have been told about at your preadmission visit.

The Day of Your Surgery

If the Anesthetist has asked you to take medications on the morning of your surgery take them with a very small amount of water.

You will be asked to come to the Admitting Department two hours before your operation time. A nurse may start your intravenous and give you some medicines ordered by the surgeon.

Do not to bring valuables with you to the hospital.

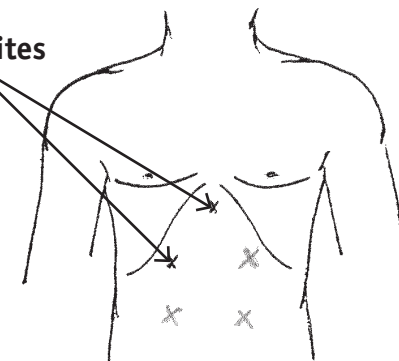
Only one visitor can stay with you until you go to the operating room. Your family can then go home or to the place where they will be staying to wait for a call from the surgeon.

If your family chooses to wait in the hospital, they are to go to the Waiting Room located within the cafeteria. Please tell the nurse where they are waiting and it will be noted on the front of your chart. Your family should leave the phone or cell phone numbers where they can be reached.

Your Surgery

After you are asleep, the surgeon will begin to operate. Five to six small incisions are made near your navel and in your upper abdomen (*see diagram below*). A laparoscope and other instruments are inserted through the incisions and the hernia is repaired. There is a small chance (less than 2-3%) that a larger incision will have to be made to carry out the operation safely. The diagrams below describe your surgery.

Diagram 1
Surgical Sites



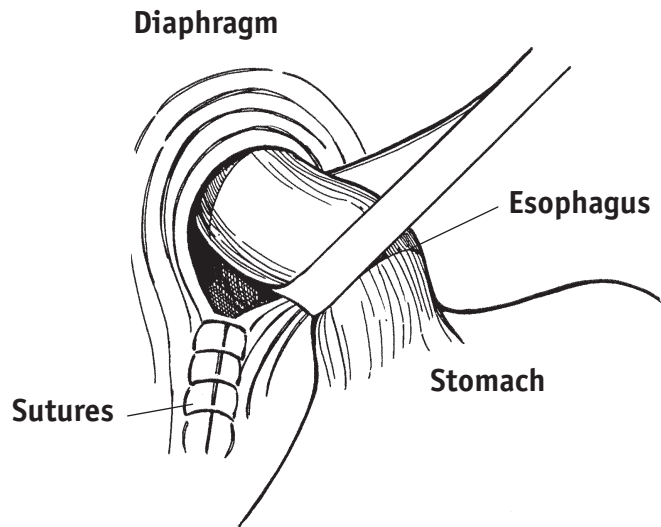


Diagram 2

The stomach and lower esophagus are placed back into their normal position in the abdomen. The enlarged hiatus is tightened with sutures.

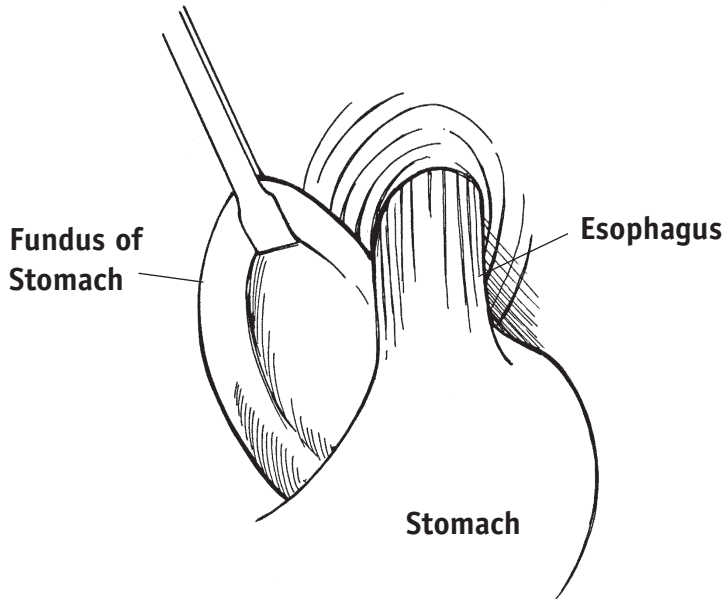


Diagram 3

The lower esophagus is wrapped with the top of the stomach (fundus).

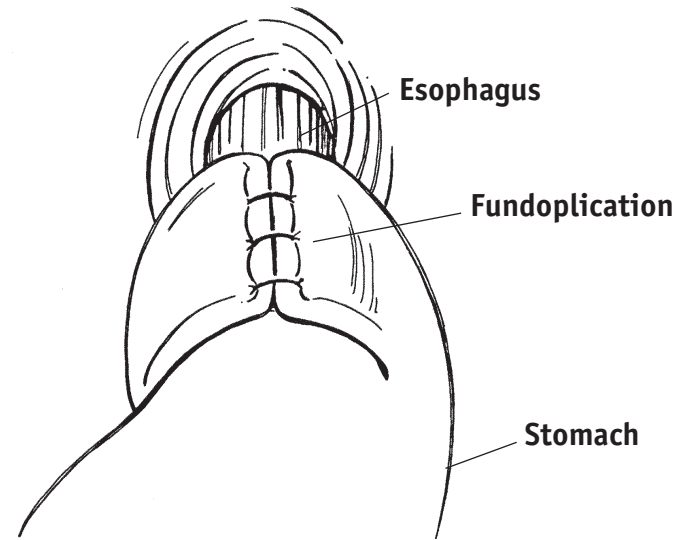


Diagram 4

The wrapped stomach (fundoplication) is anchored to the lower esophagus. When the stomach is filled with fluids, gas, or food, the wrapped stomach distends pinching off the esophagus. This new 'valve' prevents regurgitation and heartburn.

After the operation, your incisions will be covered with dressings. You will then go to the Recovery Room. You will be sleepy most of your time there but will be aware of intravenous lines and of the nurses checking your blood pressure (BP), pulse, and breathing.

When you are awake and your pain is under control you will be transferred to the nursing unit. The nurses here will continue to monitor you closely. You will not be allowed anything to eat or drink.

We do not want you to vomit after this type of surgery. If you have nausea, feel sick or feel like vomiting, please let a nurse know immediately. You will then be given some medicine.

The Day After Surgery

The first day after surgery you will be given a **clear fluid diet** for breakfast. You do not need to finish everything. Simply take sips as tolerated if **you have nausea or feel like vomiting stop drinking and tell the nurse**. If you tolerate the fluid diet at breakfast, your diet will be advanced to a soft food diet by dinner. A dietitian will see you before your are discharged to provide diet information for going home.

The doctor will give you a prescription for pain and nausea pills if you require them. The members of the health team such as nurses, social worker, and dietitian can help you with any problems you may have. Ask your nurse to see any of these people.

After Discharge

Pain

You may have some pain at the incision sites after surgery. Tylenol should be strong enough to help with this pain. If the pain continues or gets worse see your family doctor.

You may also have some shoulder tip pain. This is caused by air put into the abdomen during surgery. This pain usually goes away 3 to 4 days after surgery.

Nausea

You may experience nausea after discharge and we recommend you take gravol (medicine for nausea) which you can purchase at any pharmacy.

Incision Care

Usually your incisions have stitches that dissolve over time. Sometimes skin staples are used and these should be removed 5 to 7 days after surgery by your family doctor. Please ask the nurse for a staple remover to take to your doctor before you go home.

You may shower or bathe. Do not let your incisions soak in the bath. Wash gently with soap and water and pat dry.

If you notice any redness, swelling or oozing from the incision talk to your family doctor.

Activity

In order to get better as fast as possible and to prevent complications, it is important to continue being active when you get home.

Do's:

1. Practice 10 deep breaths, then cough every hour or so to keep your chest clear.
2. If your pain keeps you from deep breathing, coughing or moving, talk to your family doctor. Sometimes supporting your incision by hugging a pillow can help reduce pain.
3. Go for walks at least twice a day to improve your energy and strength.

Don'ts:

1. Don't lift, push or pull heavy loads for at least 3 weeks after your surgery.
2. Don't start vigorous exercise like running, jogging or any sports or gym activities until you have checked with your doctor. Wait at least 3 weeks before doing abdominal exercises.

Diet

After your surgery you may have swelling at the bottom of your esophagus and the capacity of your stomach will be smaller. By following these guidelines, you will be able to eat food more easily.

1. Eat slowly and chew your food well. Smaller, more frequent meals and snacks may be better tolerated.
2. Sit upright when eating, and for at least one hour after a meal.
3. Avoid swallowing air. Air in the stomach stretches the new valve making swallowing difficult and may cause abdominal pain. Do not drink through a straw. Avoid carbonated beverages. Breathe through your nose while swallowing if possible.
4. If you have trapped gas in your stomach, try Gaviscon or Beano. They are available at most drug stores or pharmacies. If you have any trouble swallowing or if foods feel like they won't go down, contact your doctor or dietitian.
5. To avoid constipation, drink at least 6-8 cups of fluid per day. If needed, a laxative such as Restoralax or Lax-a-day can be used.
6. During your follow-up appointment with your surgeon, ask about returning to a regular diet.

Foods to Avoid	Foods to Choose
Meats and Alternatives	
<ul style="list-style-type: none"> • Dry and/or chunky meat, fish or poultry • Hard boiled eggs • Bacon • Crunchy nut butter 	<ul style="list-style-type: none"> • Soft cooked moist meat, fish and poultry. Use sauces or gravy to moisten • Soft boiled, poached or scrambled eggs; plain or cheese omelettes • Casseroles and stews such as: <ul style="list-style-type: none"> » Shepherd's pie with gravy » Beef stew » Tuna noodle » Creamy nut butter
Fruit and Vegetables	
<ul style="list-style-type: none"> • Raw fruit and vegetables • Fruit with seeds or skins • Dried fruits 	<ul style="list-style-type: none"> • Soft banana, avocado, fruit and vegetable juices • Canned or cooked fruits and vegetables
Grains and Cereals	
<ul style="list-style-type: none"> • Bread/toast • Baked goods (for example; bagels, muffins, scones, pastries, donuts, tortillas) • Granola • Rice • Nuts, seeds (eg. flax seeds, chia seeds) • Popcorn • Taco chips, taco shells 	<ul style="list-style-type: none"> • Pancakes, french toast • Cooked cereal or cold cereal with plenty of milk to soften • Crackers if crumbled into soup • Mashed potatoes, scalloped or baked potatoes without the skins • Soft cooked, moist noodles/pasta (eg. macaroni and cheese, lasagna, etc.)
Milk Products	
<ul style="list-style-type: none"> • Hard cheeses (unless grated or melted) 	<ul style="list-style-type: none"> • Milk, yogurt, cottage cheese • Ice cream, frozen yogurt, sherbet
Other	
	<ul style="list-style-type: none"> • Soups (canned or homemade) • Nutritional supplement drinks like Ensure®, Boost® and Carnation Breakfast Essentials®

Further support and information:

HealthLink BC

Speak with a nurse, pharmacist, or dietitian.

Services available in 130 languages

www.healthlink.bc.ca

call 811

For deaf and hearing-impaired assistance (TTY)

call 711

Canadian Society for Intestinal Research

www.badgut.com

Toll free: 1-866-600-4875

For Vancouver General Hospital Patients:

CIBC Centre for patients and families

This centre can help you find more information on your condition as well as local services and support available.

It is located on the main floor of the Jim Pattison Pavilion behind the information desk. www.vch.ca/centreforpatients

Thoracic Surgery at Vancouver Coastal Health

www.bcthoracicsurgery.com/vancouver

Patient Services Manager

T12 Jim Pattison Pavilion, 899 West 12th Avenue

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