

BC Nurse Line

24 hours a day, 7 days a week

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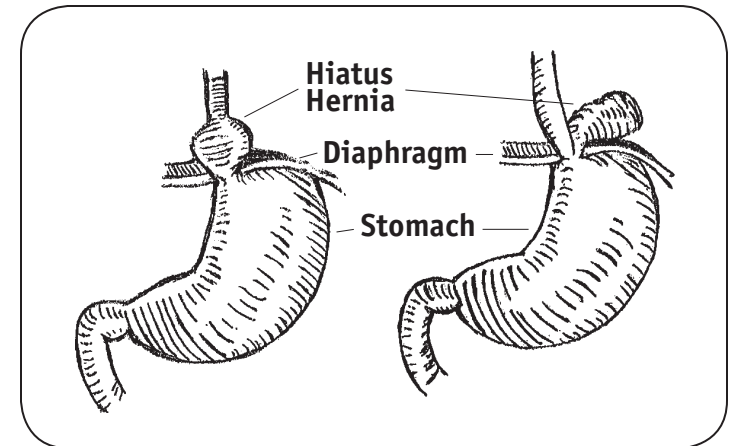
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Hiatus Hernia Repair

A Patient & Family Information Guide



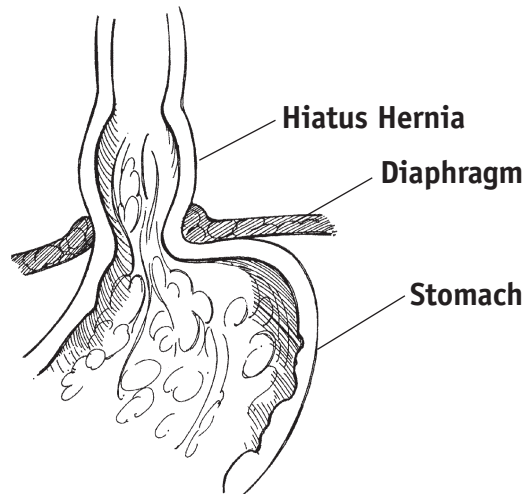
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General Information

A **hiatus hernia** occurs when the stomach moves upward through the diaphragm (the thin, flat muscle separating the organs of the chest from the organs of the abdomen) (*see diagram*). The esophagus passes through the diaphragm through an opening, referred to as a "hiatus". In some people, the opening or hiatus becomes wider than usual allowing the stomach to push up (herniate) through the hiatus. Some people have heartburn especially when lying down, straining, or stooping. Hiatus hernias can occur in about 40% of the population and most people display few, if any, symptoms.



Aside from the discomfort of having a part of the stomach above the diaphragm and having heartburn, there are more serious problems that can occur with a hiatus hernia. Some of these problems are obstruction, perforation, or reduced blood supply to the herniated part of the stomach. These situations call for surgical repair.

If you have upper abdominal pain from trapped gas in your stomach, try Gaviscon or Beano. They are available at most drug stores or pharmacies. Should you have any trouble swallowing or if foods feel like they won't go down, contact your doctor or dietitian.

Activity

In order to get better as fast as possible and prevent complications, it is important to get moving soon after your surgery. The nurse will help get you up to the chair and walk the first day after surgery. Try to stay out of bed as much as you can during the day. Keep the following Do's and Don'ts in mind.

DO's:

1. Practice 10 deep breaths, then cough every hour or so to keep your chest clear.
2. After discharge, go for walks at least twice a day to keep energy and strength. Sit in chair for all your meals and for at least a hour afterward.
3. If your pain keeps you from deep breathing or moving, talk to your nurse. Support your incision by hugging a pillow to help reduce pain.

DONT's:

1. Don't lift, push or pull heavy loads for at least 3 weeks after your surgery.
2. Don't let yourself get constipated, take lots of fluids and fruits.
3. 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.

Foods to Avoid	Foods to Choose
<ul style="list-style-type: none"> ✗ dry and/or chunky meat, fish or poultry ✗ raw fruit and vegetables ✗ fruit with seeds or skins ✗ bread/toast ✗ baked goods for example: muffins, scones, cake, bagels, tortillas ✗ granola ✗ rice ✗ nuts, seeds, popcorn, taco chips ✗ cold liquids ✗ carbonated liquids ✗ spicy food 	<ul style="list-style-type: none"> ✓ ground meat or poultry or soft fish. Use sauces or gravy to moisten ✓ soft banana ✓ canned or cooked fruits and vegetables ✓ cooked cereal or cold cereal with plenty of milk to soften ✓ soft, poached or scrambled eggs; plain or cheese omelettes ✓ casseroles, stews such as: <ul style="list-style-type: none"> • meatloaf with gravy • shepherd's pie with gravy • beef stew • lasagna • cut-up spaghetti with sauce • macaroni and cheese • salmon loaf with sauce ✓ soups (canned or homemade) ✓ milk, yogurt, cottage cheese ✓ cookies and crackers dipped in warm beverage to soften

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 when you come into hospital for your surgery.**

Your Questions:

Preadmission Clinic

You will have an assessment through the Preadmission Clinic.

The Preadmission Clinic:

- assesses your medical history.
- reviews your medications. The Anesthesiologist tells you which medication to take the morning of your surgery.
- completes any laboratory tests you may need before your surgery.

In the Preadmission Clinic you see a number of our healthcare team, including the Anesthesiologist and a Registered Nurse. The appointment lasts 2-3 hours.

The nurses teach you how to describe your pain on a scale of 0-10.

Before Your Surgery

Drink clear fluids (clear tea, water, broth) ONLY 24 hours prior to surgery. NO ALCOHOL. Have a shower before going to bed and try and have a good night's sleep.

Your Questions:

The Day of Your Surgery

Have a shower when you get up. You may drink clear fluids (such as clear tea, water) only up to 6 hours before you come to the hospital.

Take the medications you have been instructed to take by the Anesthesiologist.

You will be asked to come to the Surgical Admissions Department 2 hours before your operation is scheduled.

Only one visitor can stay with you until you go to the operating room. After you go to the operating room, your family should probably go home or the place where they will be staying to await a call from the surgeon.

You may start a full fluid diet consisting of juice, milk, pudding, tea and coffee on the 2nd postoperative day. You may start a soft diet on the 3rd to 4th day. Chew your food well. If food sticks, drink some warm water and Gaviscon.

Diet

For _____

Dietitian/Nutritionist _____

Telephone _____ Date _____

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.

Guidelines:

1. Follow this diet for three weeks after surgery. Check with your doctor or dietitian before you advance to a regular diet.
2. Eat slowly, take small bites of food. **Chew food well.**
3. Sit upright when eating and for at least 45 minutes after a meal.
4. Avoid swallowing air. Air in the stomach over-distends the new valve resulting in difficulties in swallowing or abdominal pain. Do not drink through a straw. Avoid carbonated beverages. Breathe through your nose while swallowing if possible.
5. To avoid constipation, eat bran cereal or take Metamucil and drink 6-8 cups of water each day.
6. Wait at least one hour after a meal before lying down.
7. Remember that tolerance and progress are very individual. Avoid any foods that cause discomfort and choose those that are easy to swallow.

The Day After Surgery

The first day after surgery you will be given a CLEAR FLUID DIET consisting of apple juice, broth, jello and clear tea or coffee. You don't need to finish everything if you feel full or have pain or nausea. Simply take sips or bites as tolerated. We do not want you to vomit after surgery, so if you have nausea, stop drinking and ask the nurse for an anti-nausea medication. If you tolerate the fluid diet at breakfast, you will be discharged home.

On this day you will be up and around as tolerated (*see "Activity" on page 10*). If you are having pain or nausea, ask your nurse for medication ordered by the doctor. You may have some shoulder pain from the gas instilled into the abdomen during surgery. This pain usually subsides 3 to 4 days after surgery. You can stay in hospital until you are drinking enough fluid to maintain hydration without nausea.

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.

You will be able to 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. The doctor will give you a prescription for pain and nausea pills if you require them.

After Discharge

Your pain will gradually decrease and you should avoid Codeine and narcotics if possible. During this period you will be up and about more and eating a post-hiatus hernia repair diet. The Dietitian will give you an information sheet about the diet – what you can eat and what you should avoid for 6-8 weeks after surgery.

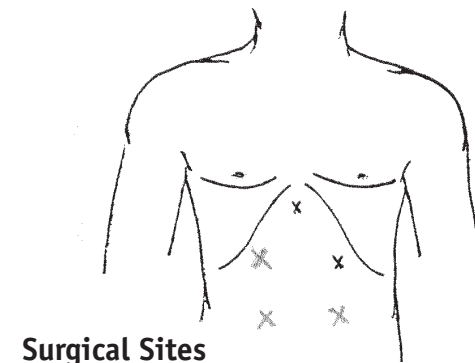
Usually your stitches are placed under the skin and don't require removal as they will dissolve.

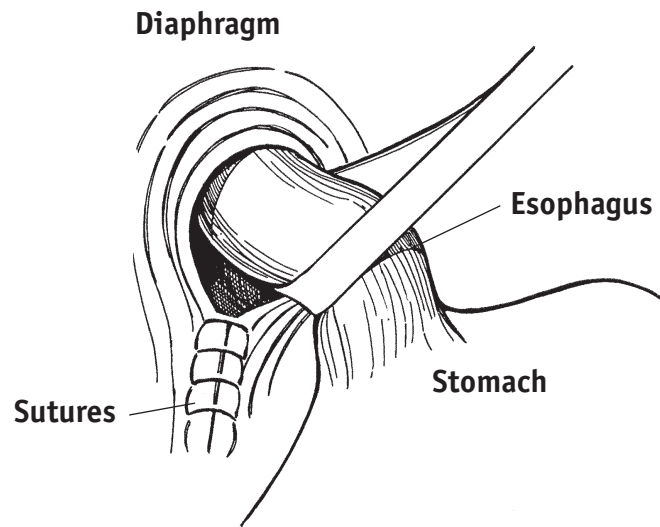
If your family chooses to wait in the hospital there is a waiting room in the South Lobby. Your family should leave the phone numbers where they can be reached, this includes cell phone number as well. Do not bring valuables with you to the Hospital.

Your Questions:

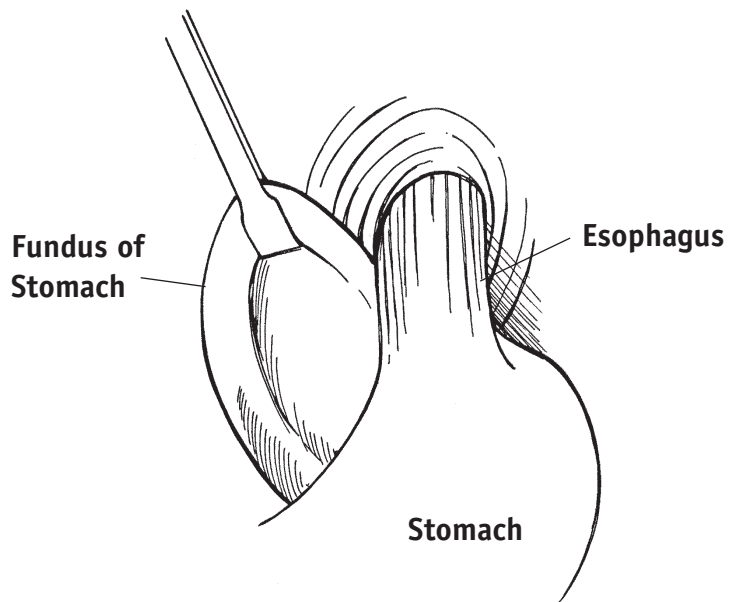
Your Surgery

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 figure 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.

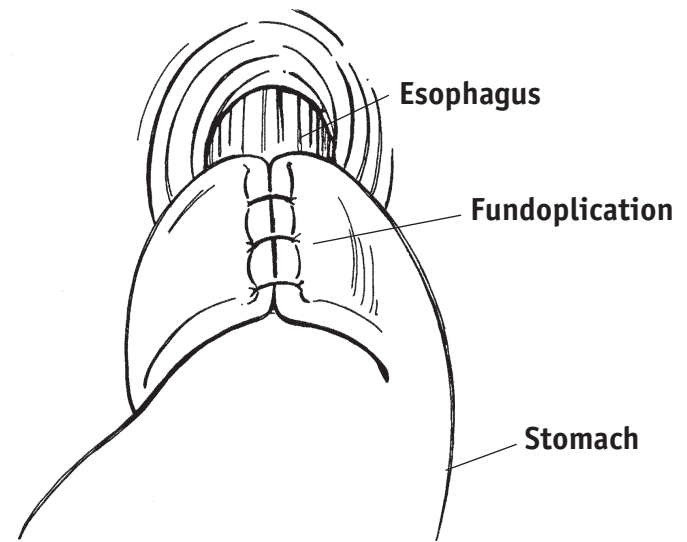




The stomach and lower esophagus are placed back into their normal position in the abdomen. The enlarged hiatus is tightened with sutures.



The lower esophagus is wrapped with the top



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 steristrips. You will then go to the Recovery Room. You will be drowsy most of your time there but will be aware of intravenous lines and of the nurses checking your blood pressure (BP), pulse, and respirations.

When you are awake and have good control of your post-operative discomfort, you will be transferred to your nursing unit. The nurses here will continue to monitor your BP, pulse, respirations, pain level, and dressings. You will not be allowed anything to eat or drink.

If you have nausea or feel like vomiting, please ask a nurse for anti-nausea medications.