Willard B. Campbell, MD, FACS
Michael E. Kelly, MD, FACS
William C. Gibson, MD, FACS
Norma M. Edwards, MD, FACS
Shannon P. Beierle, MD, FACS
C. Schilling Nechtman, MD

Hiatal hernia/Gastroesophageal Reflux

This condition is diagnosed by patient history and extensive radiographic/endoscopic evaluation. Small hiatal hernia are associated with reflux and do not require surgical intervention by itself unless reflux symptoms are not well controlled by maximal medical and endoscopic management. Some hiatal hernia are large enough to cause ulceration, difficulty swallowing, and/or pain after eating and repair can be considered. Fundoplication is often performed with a hiatal hernia repair but is not required if reflux symptoms are minimal or well controlled with medication. Fundoplication is done to replace or augment the function of the lower esophageal sphincter that is dysfunctional in people who have reflux. Hiatal hernia repairs are often reinforced with absorbable synthetic mesh to help reduce the risk of early hiatal hernia recurrence. Most hiatal hernia are not repaired because the operation has a very high rate of recurrence even with mesh. The rate is 20% and may be increased due to diabetes, smoking, excess weight. Fundoplication is the gold standard procedure to prevent reflux but is still only 80-85% effective long term at preventing reflux. Without anti-reflux surgery patients would need to continue medication and lifestyle modification. Large hiatal hernia may carry a small risk of acute gastric strangulation without repair that could require emergent surgery.

Surgery

Laparoscopic hiatal hernia repair with or without fundoplication is performed in a minimally invasive manner. Robotic assistance is not needed to perform this surgery and provides no advantage over traditional laparoscopic hiatal surgery. One night in the hospital is typically requested so that if nausea occurs, it can be managed quickly with IV medication to prevent progression to vomiting or retching. The sudden increase in abdominal pressure could be a risk factor for early failure of the operation. You will have four 5mm incisions just below the ribs and a single 10mm incision just above and to the left of your umbilicus. Surgery can take anywhere from 1 to 3 hours depending on the extent of the hiatal hernia and patient characteristics.

What to expect the day of surgery

You will choose your surgery date with me. The exact time of your surgery is not specifically known but we will estimate this for you. This is controlled by the hospital and is also determined by the length of preceding cases on that day. I take as much time and attention as is needed for each patient, just as I will for your operation. Please be patient as the hospital will often ask you to arrive well before your actual surgery time. There can sometimes be extended waiting so bring a book or iPad. I will meet with you again before surgery to answer any questions that may have developed. After your surgery I will meet with, or call, your family member.

Premier Surgical Associates, PLLC
9430 Park West Blvd, Suite 310
Knoxville, TN 37923
Phone: 865-690-5263
Fax: 865-588-3740
www.premiersurgical.com

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What to expect after surgery

Medication. The first 2-3 days after surgery are the toughest and it is expected that you may need pain medication. Prescriptions for pain and nausea medication will be sent to the pharmacy you requested during registration. You may want to make sure this is a pharmacy that is open 24 hour as you may be discharged from the surgery center in the evening. If you can take Motrin/ibuprofen, it is often helpful to take this with or alternate with the narcotic medication. According to CDC, the likelihood of chronic opioid use increases with use after day 3 and with subsequent refills. Do not combine narcotic medication with alcohol or benzodiazepines. If you have chronic pain management by your primary care or pain clinic, you should notify them of upcoming surgery and may need to arrange post-operative pain management with them. If you are having trouble with pain control beyond that please let me know. It is normal to still be sore/uncomfortable during the next 1-2 weeks, but improvement should be noted. You will most likely NOT need to resume antacid medication after surgery if fundoplication was performed. Other home medication may be resumed after discharge although I recommend avoiding non-critical medication such as vitamin supplements. I will indicate on your discharge papers when to restart blood thinning medication such as Coumadin, Xarelto, Pradaxa, Plavix, Brilinta, Effient, Eliquis, or aspirin. Typically, this is 2 days after surgery. If there is significant bruising or you are unsure, call before restarting those medication.

Activity. It is most important to stay active after surgery. The more you walk, the quicker you will recover. Stairs are fine but go slow. Avoid sudden heavy lifting, straining, bending, stooping, squatting. It is difficult to get up from a lying or sitting position at first so try to have some help if you can. You will need to avoid heavy lifting and abdominal straining for 6 weeks. It takes the body this long to maximally strengthen the repair. Strenuous core activity before this time may increase your risk of hernia recurrence.

Wound care. You will have glue over the small incision and no external sutures or staples. You may shower and wash with mild anti-bacterial soap the day after surgery. Avoid submersion under water for one week. It can be normal for the area around the incisions to become red or bruised from surgical trauma. In some cases of skin sensitivity, you may also develop an itchy rash from the prep used to sterilize the skin during surgery or from the surgical glue. It is fine to use topical steroid or Benadryl creams. If this does not improve, please notify me.

Diet. There are **strict** restrictions after this surgery. After surgery you will still not be allowed anything by mouth until the next morning. If you are not experiencing nausea, you will be given a liquid diet at that time. You will need to stay on a liquid/puréed diet after discharge until your post-operative follow up appointment with me. It is important that you maintain nourishment during this time and supplements such as Boost, Ensure, or Premier shakes are encouraged. You may have shakes, smoothies, applesauce. You may not have anything that requires chewing or anything that is so thick it stays on an upside-down spoon such as mashed potatoes or peanut butter. It is imperative diet restrictions be carefully followed. You will have swelling and narrowing from the surgery that takes time to resolve.

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If you try to eat food too early and it gets stuck, this is a risk factor for procedure failure.
At your 2 week follow up appointment, your diet may be advanced to soft foods such as pasta, rice, fish. It is important that you take small bites, chew carefully, and make sure each swallow reaches your stomach before taking another. Do not get distracted and go slowly. It is normal to feel full easily at first and taking smaller, more frequent meals is recommended. Your diet may be advanced as you feel comfortable and as symptoms permit at 4 weeks from surgery. Foods that should be added in last are dry chicken breast, raw vegetables, grisly steaks, and bread.

Symptoms. After a few days you may notice small knots under the incisions. This is a normal part of the healing process and will resolve with time. It is also normal you to experience discomfort in the upper back/neck/shoulders after this operation. This is referred pain from hiatal hernia repair and gas pressure on the diaphragm. This will typically resolve or at least improve by 2-3 days. Heating pad can be helpful.

When to call. Surgery can be stressful so please call if you just forget something, are uncomfortable or unsure. It can be normal to have low grade fevers after surgery and this is usually related to decreased activity after surgery. Please be sure to walk and practice deep breathing to keep your lungs exercised. Persistent fevers over 101 should be reported. Call for nausea that is not well controlled with medication and causing potential issues with dehydration. Pain will not be completely resolved with medication but should be tolerable enough that you can move. Please call if pain is not well controlled or progressive despite medication.

Follow up. You will have a follow up appointment approximately 2 weeks after surgery. This is scheduled at the same time you schedule your surgery. If you are not sure, please call to confirm this appointment. At this appointment, I will ask about your diet and any trouble swallowing. If you are doing well, your diet can be advanced at that time. Additional appointments are not usually necessary but can certainly be arranged if needed.

Return to work. I do recommend taking a full week off from work. If you have non physically strenuous job you may return to work as you feel comfortable. If there is no light duty and you have a physically strenuous job, you will need to be off for 6 weeks. You may return to driving when no longer taking pain medication, when you can look over your shoulder without discomfort, and when your reaction time is normal. This is variable, but typically is 2-3 days.

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