

# Hiatus Hernia Surgery

## Information for patients and families

Read this book to learn:

- How to prepare for your surgery
- What to expect while in hospital
- What to expect after you return home
- Who to call if you have any questions

**Your surgery has been scheduled for**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Please arrive at the hospital at: \_\_\_\_\_

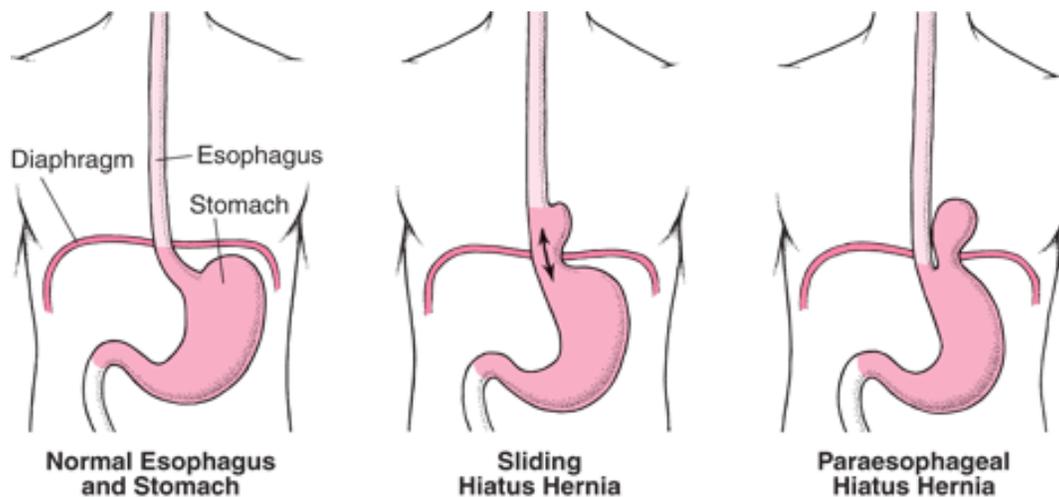
You can expect to be at the hospital for: \_\_\_\_\_



## Preparing for your surgery

Your esophagus is a muscle shaped like a tube. It connects your throat to your stomach. Your diaphragm is the muscle that separates your chest from your abdomen.

There is a small hole in your diaphragm called the esophageal hiatus. Your esophagus normally goes through this hole and attaches to your stomach. You get a **hiatus hernia** if your stomach or intestines slip up through this hole and sit in your chest.



From the Merck Manual Home Health Handbook, edited by Robert Porter. Copyright 2014 by Merck Sharp & Dohme Corp., a subsidiary of Merck & Co, Inc, Whitehouse Station, NJ. Available at <http://www.merckmanuals.com/home>. Accessed February 2014.

### **A hiatus hernia can cause a number of problems:**

- You may have heartburn because of reflux. Reflux is stomach acid backing up into your esophagus. This feels worse if you lean forward, strain, lift heavy things or lie flat on your back after eating.
- Eating a large meal or having alcohol, caffeine, or spicy foods may cause you pain.

- You may have trouble swallowing or feel pain in your chest when you swallow.
- You may become very bloated or belch (burp) very often.

Some people may have no symptoms at all. It's not clear why a hiatal hernia happens. The problem is more common in people who are over 50 years old, are overweight, or who smoke.

## **Will I need to do any tests?**

You will need to have a number of medical tests. These tests may include 1 or more of the following:

- pH study
- endoscopy
- barium swallow
- CT scan of your chest
- esophageal manometry

The results of these tests will help your surgeon find out if you need surgery to repair your hiatus hernia.

## **What happens during the surgery?**

To repair your hiatus hernia, your surgeon will pull your stomach and intestines back down into your abdomen. They will stitch your stomach into place to keep it from slipping up again. This can be completed in one of two ways, either:

- 1. laparotomy:** an incision (cut) on your abdomen
- 2. thoracotomy:** an incision on the side of your chest (usually on the left side)

Your surgeon will talk to you about which hiatus hernia repair is best for you.

## How long will I need to stay in the hospital?

Depending on the type of surgery you have, you will stay in the hospital from 2 to 5 days. When you can go home will depend on how you are recovering. Your health care team will tell you during their morning rounds (check-ins) that you can go home that day.

Before coming to the hospital, plan to have someone pick you up when you are ready to go home after surgery.

## What will happen during my pre-admission visit?

You must come for your pre-admission appointment before your surgery. **If you don't come for your pre-admission visit, your surgery will be canceled** (unless you were given other instructions).

During your pre-admission visit, you will meet members of the health care team who will do a complete check of your health and talk to you about the surgery. This visit will be about 4 hours long. You can find more details about your pre-admission visit in the [My Surgery Guide](#) you received.

## Can the time for my surgery change?

Yes. Many of our thoracic surgeons do lung transplants. If this or other kind of emergency surgery comes up, we may need to reschedule your surgery for another date and time.

## Your hospital stay

### Where will I go after surgery?

You will stay in the Post Anesthetic Care Unit (PACU) for 1 to 2 hours. Once you are awake and stable, we will take you to the inpatient unit. You will stay in a regular ward room until you are discharged home.

### What can I expect?

Your nurse will check your blood pressure, pulse and temperature.

- The nurse will also check your heart, breathing and oxygen level.
- A physiotherapist may treat you once a day. The physiotherapist helps you improve your movement. They help you do:
  - Deep breathing and coughing exercises to clear your lungs of mucus. This helps to prevent pneumonia.
  - Shoulder exercises on the side of your surgery (if you have a thoracotomy incision). These exercises help to keep your shoulder joint moving fully.

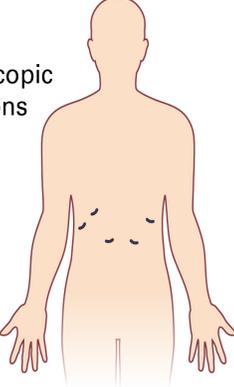
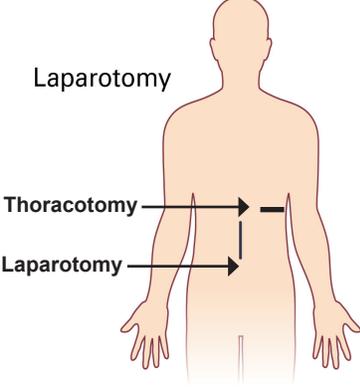
How often you see the physiotherapist depends on your condition during the day. Your nurse can help you with these exercises at anytime.

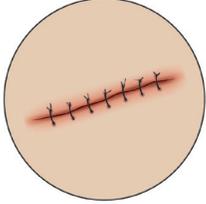
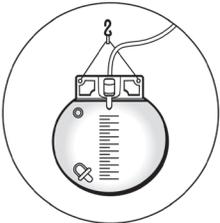
- You will not be able to eat or drink immediately after your surgery and possibly longer depending on the type of surgery done to correct your hiatal hernia. We will give you intravenous (IV) fluids so you don't become dehydrated.
- Before you eat or drink, you may have a barium swallow test. This test shows us how you are healing.

- You will slowly be able to restart regular foods.
  - You start with sips of water and then sips of clear fluids (for example Jell-O, clear juices, broth, tea or ginger ale) when it's safe.
  - Once you can manage this, you will start to have thicker fluids like pudding, ice cream, milk or cream soups.
  - You may go home still only eating thick fluids. Your appetite may be poor. You may not be able to eat regular amounts of food right away.
- Our dietitian will teach you about the diet you must follow after hiatus hernia surgery. **You must follow this diet for 6 to 8 weeks after your surgery.**

## What can I expect to have on my body?

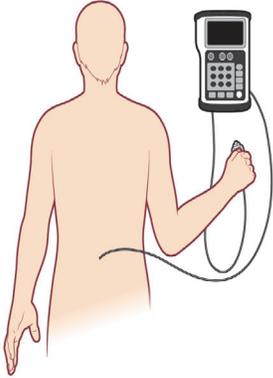
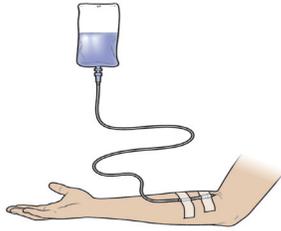
After your surgery, you will have:

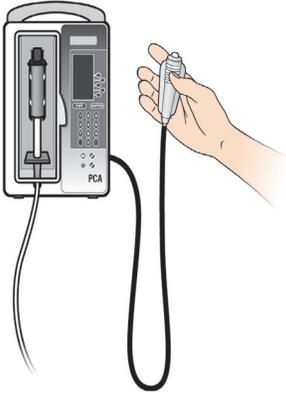
Incisions, tubes or drains	What to expect
<p><b>incisions</b></p> <p>Laparoscopic incisions</p> 	<p>If you have laparoscopic surgery, you will have 5 small incisions (cuts) on your abdomen. Each incision will be about 1 centimetre long.</p> <p>If you have open repair surgery, you will have an incision down the middle of your abdomen (laparotomy). This incision will be about 8 to 25 centimetres (about 3 to 10 inches) long.</p> <p>Bandages will cover your incisions. We will remove these bandages 2 days after your surgery</p>
<p>Laparotomy</p> <p>Thoracotomy</p> <p>Laparotomy</p> 	<p>Your surgeon will tell you where and how big your incision (cut) will be. You will have 1 of these types of incisions:</p> <ul style="list-style-type: none"> <li>• a thoracotomy means the incision is on your side</li> <li>• a laparotomy means the incision is on your abdomen</li> </ul>

Incisions, tubes or drains	What to expect
<p><b>stitches or sutures</b></p> 	<p>Your surgeon usually uses dissolvable stitches to close your incisions. This means they go away on their own.</p> <p>If you have staples, they stay in place for 7 to 10 days after your surgery. Your family doctor can remove them. We will give you a staple remover to take to your family doctor.</p>
<p><b>urinary catheter</b></p> 	<p>You may have a tube draining your bladder overnight. While you are in the hospital, the nurse measures how much you urinate.</p>
<p><b>intravenous (IV) line</b></p> 	<p>You will have an IV for fluids and medicines. The IV will stay in until you are drinking well. This is usually in for 2 to 3 days. You may be able to drink the evening of your surgery. The IV must stay in as long as you are getting pain medication through a pump.</p>
<p><b>oxygen</b></p> 	<p>You may need oxygen after your surgery. You get the oxygen either by facemask or through your nostrils (nasal prongs). We remove the oxygen once your lungs are working well enough.</p>

## How can I manage my pain?

We will work with you to manage your pain. We can give you pain medicine in different ways. These include:

Pain method	How it works
<p data-bbox="305 478 456 520"><b>epidural</b></p> 	<p data-bbox="581 478 1333 569">A doctor puts a small tube in your back. This is usually done right before your surgery.</p> <p data-bbox="581 625 1373 905">The tube is left in place to give you pain medicine after your surgery. It's attached to a pump, which gives you the medicines. They include a pain killer and medicine that numbs the area where you had surgery. They may make your legs feel numb or heavy.</p>
<p data-bbox="240 989 521 1073"><b>intravenous (IV) medicine</b></p> 	<p data-bbox="581 989 1414 1220">You get your pain medicine through an IV. It's important to let your nurse know when you have pain so they can give you the pain medicine. If you don't feel any pain relief after getting the medicine, let your nurse know.</p>

Pain method	How it works
<p data-bbox="224 268 532 401"><b>Intravenous (IV) Patient Controlled Analgesic or PCA</b></p> 	<p data-bbox="581 268 1404 401">A PCA pump is connected to your IV. The pump gives you pain medicine through your IV when you push the button. You should press the button:</p> <ul data-bbox="618 426 1377 688" style="list-style-type: none"> <li>• when you start to feel pain</li> <li>• before you do something that brings on pain</li> <li>• before you do deep breathing and coughing exercises</li> <li>• before you start to move or turn</li> </ul> <p data-bbox="581 722 1382 854">You should feel the effects of the medicine within 2 to 3 minutes. If you don't feel any pain relief, let your nurse know.</p> <p data-bbox="581 913 1421 1188">You are only allowed to have a certain amount of pain medicine every 4 hours. To control how much medicine you get, the PCA pump has a safety timer called a <b>lock out</b>. If you press the button during the lockout time, you won't get more medicine. <b>Only you should press the button.</b></p>
<p data-bbox="215 1241 548 1276"><b>medicine by mouth</b></p> 	<p data-bbox="581 1241 1421 1423">You may get your pain medicine in pill form that you swallow. This will happen once you are drinking fluids. Let your nurse know when you have pain, so they can give you the pain medicine.</p>

You can expect to need pain medicine every 3 to 4 hours for the first few days after surgery. As you heal, you will feel less pain and will not need the medicine as often.

**During your hospital stay, we will help you prepare for going home.**

## Going home

### **Food and appetite**

Your appetite should return to normal within a few weeks. Your appetite will improve as you start to feel better and your activities increase. If your appetite is poor, try eating smaller meals more often. Make sure you drink at least 6 cups of fluid each day (unless your doctor or dietitian gave you different instructions).

Try to eat high protein and high calorie foods. Soups, plain foods and light meals are easier to digest. If a poor appetite continues to be a problem, see your family doctor.

**You will be on a special diet called a post-hiatal hernia diet. The dietitian at the hospital will speak to you about this after your surgery and before you go home.**

### **For the first 6 to 8 weeks after you return home:**

- Eat slowly and chew your food well. Take small bites of food.
- Sit up straight when you eat. Stay sitting for at least 45 minutes after you eat. Don't lie down during this time.
- Avoid swallowing air. Don't drink bubbly drinks (for example pop and beer), and don't drink with a straw.

If you continue to have problems with your appetite or diet after your follow-up appointment, call your surgeon's office.

### **Bowel upset**

Your pain medicines may cause you to become constipated. Drink at least 6 cups of fluid each day (unless your doctor or dietitian gave you different instructions). Add bran, high fibre breads and cereals (without nuts, seeds or dried fruits in it) or prune juice to your diet. Eat plenty of cooked vegetables and skinless and seedless fruits.

Your doctor will prescribe you a stool softener while you are taking pain medicine. You may also use a mild laxative if you need one. Your normal bowel movements should return once you stop taking the pain medicine. See your family doctor if you have any further problems.

## **What instructions do I follow once I am home?**

### **Incisions**

- Don't cover your incisions unless your clothes are rubbing on them.
- Don't put lotions or creams on your incisions until they are completely healed.

There may be a "bump" along the incisions. It will decrease over 4 to 6 weeks. Most of your pain should be gone by 6 to 8 weeks after your surgery.

The area around your incisions may feel numb. This is normal. It may last for many months or may not go away at all. But, it usually improves with time. The numbness may be worse on cold, damp days.

### **Showering or bathing**

You can shower once you get home. Use a mild soap, and let the water run over your incisions. Pat the incisions dry with a towel. Don't rub.

### **Activity**

You can slowly increase the amount of activities you do. Go for walks at least once a day. Start slowly and increase the amount of time you walk as you feel better.

### **Returning to work**

Depending on how your surgeon chooses to do the surgery, you should expect to be off work for 2 to 6 weeks. Depending on your job, you may need to be off longer. Ask your surgeon when it's safe for you to return to work.

## **Driving**

Don't drive until you are off all pain medicine. The pain medicine you are taking may make you drowsy. If you had a thoracotomy (an incision on your side), pain may affect your arm and shoulder movement.

You must be able to fully move your arm and shoulder before you drive. This usually takes about 1 to 3 weeks after surgery.

## **Lifting**

No heavy lifting, carrying, pushing or pulling for 4 to 6 weeks. For example, this includes no vacuuming, carrying heavy groceries, or shoveling snow.

You can lift up to 10 pounds (about 5 kilograms). Lifting more than this may stress your incision. Your surgeon will tell you when you can start regular activities.

## **Sex**

You can start having sex whenever you feel more comfortable (have less pain and more energy). Choose positions that won't put stress on your incisions.

## **Sports**

Wait 2 weeks before you swim. Don't jog, do aerobics, or play sports like tennis or racquetball for 4 to 6 weeks. Please talk to your surgeon before you do sports like skydiving and scuba diving.

## **Travel**

Please check with your surgeon about traveling. We usually recommend you not travel by air for 2 to 3 weeks.

## **Medicines**

During your hospital stay, your medicines may change. You will get prescriptions before you leave the hospital. You can review them with your nurse, surgeon or pharmacist before you leave. Talk to your family doctor if you have any further questions.

## **Follow-up care**

Your surgeon will send a letter to your family doctor about your surgery. Your family doctor will provide on-going medical care once you leave the hospital.

See your family doctor for any problems or questions about your medicines, prescriptions, managing your pain, sleeping, appetite or constipation.

## **Follow-up appointment**

We will let you know when you will see your surgeon again. This is usually about 2 to 4 weeks after your surgery. If you don't have an appointment for a follow-up before leaving the hospital, call your surgeon's office the first week you are home.

On the day of your follow-up appointment, go to the x-ray department first to have a chest x-ray.

**Remember to bring your health card (OHIP) to your follow-up visit.**

## When should I call my surgeon?



### Call your surgeon if you:

- have new redness or swelling around your incisions
- have pus (yellowish or white liquid) or a bad smell coming from an incision
- feel increasing pain at your incisions, despite taking pain medicine
- have a temperature **higher** than 38.5 °C or 101 °F
- have nausea or vomiting
- have shortness of breath
- cough out mucous that is yellow or green or has a bad smell
- cough out fresh red blood
- have any other concerns about your recovery

## Who can I call if I have any questions?

If you need information about the time of your surgery, tests or appointments please call your surgeon's office:

Dr. M. Cypel	416 340 5156
Dr. G. Darling	416 340 3121
Dr. M. De Perrot	416 340 5549
Dr L Donahoe	416 340 6529
Dr. S. Keshavjee	416 340 4010
Dr. A. Pierre	416 340 5354
Dr. T. Waddell	416 340 3432
Dr. K. Yasufuku	416 340 4290
Dr J. Yeung	416 340 6529

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