

HIATAL HERNIA POST OP INSTRUCTIONS



INCISIONS

Your incisions are closed with absorbable suture beneath the skin. There is no suture to remove. Typically your incision(s) will be sealed with a sterile glue that makes it water tight. You may shower whenever you want. Some bruising or swelling around your incisions is common. Notify the office if you experience significant redness around your incisions or drainage from your incisions like pus. You may experience some shoulder pain as referred pain from stretching of the diaphragm during surgery or increased tension on the diaphragm. This can also cause hiccups sometimes.

WORK

People with nonstrenuous desk jobs typically return to work in 3-7 days after surgery. People with labor intensive jobs, like construction usually need more time off of work.

MEDICATION

Typically you will receive an electronic prescription to the pharmacy you provided us in clinic. Most patients receive Norco which is hydrocodone with tylenol (APAP), typically designated 5/325. This refers to 5mg of hydrocodone and 325 mg of acetaminophen (Tylenol). You may take NSAIDs such as Ibuprofen, Advil or Aleve in addition to this medication. It is safe to take up 4,000 mg of acetaminophen per day, unless you have liver disease. You can take up to 2,400 mg of ibuprofen per 24 hours unless you have kidney disease or history of ulcers. Hydrocodone can cause nausea and should be taken with food. It also causes constipation. Most patients do not require narcotics after this procedure. It is common to need a laxative 1-3 days after surgery. I suggest Miralax, dulcolax, Sennokot

DIET

Do not eat red meats, steak or bread during the first two weeks after surgery. Contact the office immediately if you are unable to keep liquids down. Soft or puree foods are ideal like yogurt, apple sauce, ice cream, cream of wheat, grits, shakes or smoothies. You can slowly add soft foods such as scrambled eggs, crackers, mashed potatoes, or soft vegetables. If it goes down and stays down, it should be fine. You may occasionally feel a sensation of food getting stuck in the esophagus or chest which should pass. You should eat smaller, more frequent meals and chew food longer than usual. Avoid large amounts of food or liquids at one time to avoid gastric distention. You can slowly add in flaky fish or soft chicken around 2 weeks post op.

ACTIVITY

Any amount of walking you feel up to is ok. Going up stairs is ok, just take your time. Driving is okay once you have stopped taking narcotics and are comfortable turning your torso and pressing the brake firmly. Usually this is 3-5 days after surgery. You should avoid lifting more than 20 pounds the first 2 weeks. Light cardio may be resumed at 3 weeks like elliptical, recumbent bike or swimming. There are no restrictions after 4 weeks.

PORTAL

Dr. Glover and his medical assistant are always available and most easily accessible through the patient portal. You may send messages to either or request medication refills through the portal. The office phone number is staffed by the answering service after hours 24/7 should you need immediate assistance.

FOLLOW UP

You should see Dr. Glover in the office 2-3 weeks after your surgery. You may request an appointment through the portal or call the office. You can call to come in anytime sooner if you experience any complications or issues.

Mark Glover, MD, FACS
Austin Surgeons
3901 Medical Parkway
Suite 200
Austin, TX 78759

Phone: 512-467-7151
Fax: 512-467-8809

AustinHerniaCenter.com