

Maine Medical

PARTNERS

Surgical Care Casco Bay

Post-Operative Instructions Laparoscopic Heller Myotomy

Description of the Operation

You have had a laparoscopic Heller Myotomy with or without an anterior fundoplication (Heller-Dor) or a posterior fundoplication (Heller-Toupet). The Heller myotomy involves dividing the sphincter muscle at the lower end of your esophagus. The sphincter wouldn't relax normally and was probably responsible for a large part of your swallowing trouble. Because this muscle is supposed to prevent stomach acid from backing up into your esophagus, cutting it increases your chance of having acid reflux (GERD) after surgery. For that reason we also usually perform either a Dor fundoplication or, less often, a Toupet fundoplication. These are methods of wrapping the stomach around the lower esophagus to lessen the chance of GERD developing. Your skin is closed with tiny pieces of tape or transparent glue.

Your Recovery

Because your operation was done laparoscopically, you should be able to resume most activities quickly, your level of discomfort preventing you from over-exerting yourself. Vigorous straining (or prolonged vomiting) too soon after surgery, however, can damage your diaphragm muscle before the stitches in it have had a chance to heal. This can cause your stomach to move out of position (a hiatal hernia) and the operation to fail or even require re-operation. You should avoid heavy-lifting and any activity that causes you to strain and "get red in the face" for at least a month to let the diaphragm heal. If you had a Heller-Dor (lower risk of disrupting the operation) and want or need to resume strenuous activities before a month, please check with Casco Bay Surgery first. Except for strenuous things, you should be able to return to work and most other usual activities within a few days to a few weeks, depending on the activities. You may resume showering the day after surgery. Simply let the pieces of tape or spots of glue fall off on their own.

Pain Relief After Surgery

- Take Extra Strength Tylenol (or generic acetaminophen) 1000mg every 6 hours for 3 days, then only as needed to control discomfort.
- Take Advil (or generic ibuprofen) 600mg every 6 hours for 3 days, then only as needed to control discomfort. (DO NOT use Advil if you have a history of stomach or intestinal ulcers or have had problems taking aspirin in the past.)
- Take 1-2 oxycodone 5mg (or Dilaudid 2mg) tablets every 3 hours as needed for discomfort that remains after taking Tylenol & Advil. Not everybody needs this, so you might choose not to fill the prescription. This is a narcotic pain killer. If you use it you must beware of becoming drowsy or inattentive, and you will not be able to drive or operate dangerous equipment. It can also cause nausea and constipation.

The above combination is for maximum pain control. You may skip some or all of the medications if you're comfortable without them.

Other Medications

Discontinue taking any anti-acid medications (Prilosec, Prevacid, Aciphex, Protonix, Pepcid, Zantac, Axid, Tagamet) after surgery unless we instruct you otherwise.

Resume all other usual medications unless we instruct you otherwise.

Most Frequent Problems

- **Discomfort:** Abdominal soreness and a dull shoulder & neck ache are the most common immediate problems after waking up. The shoulder ache usually lasts a day or two but some soreness under the ribs commonly lasts for a couple of weeks.
- **Trouble swallowing:** You should notice immediate improvement in your swallowing. You may still have some difficulty swallowing solid foods initially and possibly always. You will go home on a liquid diet and can advance it on your own. Most people should resume eating as though nothing has changed and gradually increase what they eat as they gain confidence that swallowing actually is better. Sometimes I ask a person to stay on a liquid diet for a week before advancing to solid food, but I'll make it very clear if that's to be the plan for you. Always eat in an upright position because you need gravity to carry the food into your stomach since your esophagus doesn't have the squeezing motion of an esophagus that isn't affected by achalasia. If it requires teeth to eat, start with small bites, chew thoroughly and eat slowly. Don't get discouraged if some bites feel as though they still stick in your chest. There is some swelling at the site of surgery that should resolve over a couple of months, further improving your swallowing.
- **Nausea:** If you feel okay when you leave the hospital but start to feel nauseated at home, it is probably caused by the prescription pain killer. You might want to take only the Tylenol and Advil in that case or call me for a different prescription (which might also cause nausea). Prolonged vomiting or dry heaves soon after surgery puts more stress on the operation than I'd like.

Reasons to Call Us

- Pain not controlled by your medication
- Persistent vomiting or dry heaves
- Fever and wound redness or persistent leakage from an incision
- Any questions or concerns what-so-ever

Post-Operative Office Appointment

Date: _____ Time: _____

We would like to see you in 3-4 weeks. Please call to confirm your appointment or to arrange one if you don't have a date & time yet. If you have any questions, please call (207) 761-6642.

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