

Paraesophageal Hernia Repair

A paraesophageal hernia occurs when more than 1/3 of the stomach has slipped (moved) into the chest. The stomach pushes up through the opening in the diaphragm. The diaphragm is the muscle layer between the belly and chest. When this happens, the stomach can move around and may even twist on itself. This may cause chest pain, reflux, stomach pain, shortness of breath and make it hard to swallow. We will suggest surgery if you start having symptoms.

Most paraesophageal hernias can be repaired laparoscopically with about 5 very small incisions about the size of the width of your thumb, through the abdomen. During surgery the stomach is moved back into its correct position. The enlarged hole in the diaphragm is made smaller. This is so the stomach cannot slip back up into the chest space. In some cases, the top of the stomach (fundus) is wrapped around the bottom of the esophagus to anchor the stomach in place. This makes it even harder for the stomach to move back up into the chest space. This is called fundoplication.

Care of Incisions

After surgery your incisions may be swollen, pink, and may be numb and bruised. You may have a small amount of clear pink drainage. This is normal and may last for a few days to weeks.

After 2 days, you may shower and gently wash your incisions with a mild soap and water. Do not use soaps with lotion or heavy fragrance.

Do not put lotions, powders, or ointments on the wounds.

Do not swim or soak in a bathtub or hot tub until incisions are healed. This may be 2 weeks or longer.

Check incision daily for signs of infection.

- Increased redness and warmth at the incision site.
- Pus-like drainage.
- Excess swelling or bleeding.
- Fever greater than 100.4° F, for two readings taken 4 hours apart.

If there is drainage from your wounds, wear a Band-Aid® until it stops. Change the dressing at least daily or as needed.

Physical Activity

- You need to walk 3-4 times each day.
- Avoid activity that will make you contract your stomach muscles, such as pulling and pushing.
- For the first 4-6 weeks, do not lift more than 20 pounds.
- After 4 weeks, you will be able to slowly increase your level of activity.
- Check with your doctor before going back to work.
- Wear loose clothing around your waist.

Sex

Avoid sex for 2 weeks after surgery.

Driving

Do not drive until after your follow up visit and discuss with your doctor. You must be off all narcotic pain medicine before you can start driving.

Pain Relief

Expect to have some pain from the surgery. Narcotic pain pills may be prescribed by your doctor.

Using Tylenol®, ibuprofen, ice/heat, and lidocaine patches with narcotics for any breakthrough pain can help manage your pain. This will help you to wean off the narcotic pain medicines. Also try strategies such as relaxation and distraction as ways to take your focus away from the pain.

Be sure to drink at least 6-8 glasses of fluid each day. If you are taking pain pills every 4-6 hours, you may need to take over-the-counter stool softeners (docusate sodium) and/or a fiber laxative (Benefiber®) to keep stool moving easily. Talk to your nurse or doctor if you are having problems with bowel movements.

If you had a laparoscopic repair, you may have shoulder pain from gas in your belly that presses on your diaphragm. This pain can be relieved by getting up and walking. Your nurses will discuss this with you.

Diet and Nutrition

You may not be able to eat and drink your normal foods for the first 4-6 weeks after surgery.

Common side effects with this surgery are:

- Feeling full.
- Hard to swallow.
- Dumping syndrome: when food moves through the intestines too fast causing cramping pain, nausea, diarrhea and other abdominal discomfort.

To help with this, you may go home on a full liquid diet (strained soups, milk, pudding and cream of wheat) or an esophageal soft diet (bland, low fat, soft foods).

See *Health Facts for You*: Diet after Fundoplication #397, and Pureed Consistency Diet #458.

Examples of an esophageal soft diet include:

- Milk, yogurt, and cottage cheese.
- Scrambled eggs.
- Meatloaf, moist casseroles, fish.
- Pasta dishes.
- Mash potatoes.

Other tips to reduce discomfort with eating include:

- Eating 6-8 small meals each day.
- Taking small bites and chewing well before you swallow.
- Drinking fluids between meals.
- Eating foods that are soft and easy to chew.

Avoid

- Foods high in sugar – can cause dumping syndrome.
- Foods that are tough, crunchy, chewy, and fruits and vegetables with string, seeds, and thick skins.
- Fluids with your meal; this will cause you to feel full.
- Straws, gum or chewing tobacco. Avoid foods that cause gas.

When to Call the Doctor

- Problems or pain when you swallow.
- Feeling that food is getting stuck.
- Nausea or vomiting that does not improve.
- Bloating
- Pain not controlled with pain pills.

- Increased redness or warmth around the incision.
- Pus-like drainage from the incision.
- Excess swelling or bleeding from the site.
- Fever greater than 100.4°F by mouth, for two readings taken 4 hours apart.

After hours, weekends, and holidays: call this number and a paging operator will answer. Ask for the doctor on call for Dr. _____.
Leave your name and phone number with the area code. The doctor will call you back.

Who to Call

Surgery Clinic

Mon-Fri: 8:00 – 4:30:

(608) 263-7502

Toll-free 1-800-323-8942

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 10/2023 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5848