



DISCHARGE INSTRUCTIONS FOR HEMIGASTRECTOMY/ANTIREFLUX SURGERY

Follow-up:

Kate will call/email in 2 weeks for an update. Please call the office if there are any issues prior to that, or email kate@iersurgery.com. If you would like to be seen in our office for your postoperative visit, please let us know.

Diet:

Follow attached diet progression. Take small bites, eat slowly, and chew thoroughly before swallowing. It may take a few weeks to a few months before you are able to swallow normally again without pain or without food sticking. Be especially cautious with bread and meat as they are most prone to stick. If you have food sticking or have regurgitation or vomiting, go back to a liquid diet until you are not having these problems.

If liquids are coming back up on you, especially if you are not able to take at least 1.5 liters/ day of water or clear liquids, call the office. Carbonated beverages may cause excess bloating and you are cautioned to stay away from them until your system has recovered from surgery; then you may try them gradually.

It is common to notice that you immediately become full eating less, and have pain if you eat too much – this is common and normal. Some patients may experience cramping and diarrhea if they eat refined sugar. This is called dumping syndrome. If this happens, try to reduce the amount of refined sugar in your diet.

If you become constipated it is okay to use a laxative periodically.

Given that you have had part of your stomach removed, and your intestines re-routed, you will be at risk for certain vitamin deficiencies. You will need to take supplements for the rest of your life. You will also need to have these levels checked yearly. Please see page on vitamin and mineral supplements.

Activity:

In general, you may resume normal non-strenuous activity as soon as you are up to it. Activities that suddenly increase pressure in the abdominal cavity (e.g., jumping, abdominal crunches, heavy weight-lifting) should probably be avoided for 4 weeks after surgery. You may resume aerobic activity as tolerated as long as you can speak in full sentences. If you cannot complete a full sentence without taking a breath, you are working too hard. You should restrict lifting > 30 lbs for 4 weeks if you had open surgery.

Chest & Shoulder Pains:

Sometimes patients will experience shoulder pain, or deep pain in the chest after surgery. This is due in part to the gas used at laparoscopy, but more so to the sutures placed in the diaphragm muscle; and should gradually resolve. Heat to the shoulders tends to work best for this pain.

If Food Sticks:

It is not uncommon for patients to experience food sticking for 4-8 weeks after surgery – sometimes the only thing you feel is severe pain on swallowing. When this happens the best things to do are to stand up, to walk around slowly, and to try sipping some lukewarm water. Generally these pains will pass within 10-15 minutes; if they persist longer you should call the office.

Pain Medication & Medication Reconciliation:

You will have been given a prescription for a narcotic pain reliever such as hydromorphone (Dilaudid). As soon as you are able to, please switch to Acetaminophen (Tylenol), as directed on the package, up to 3000 mg/day.

You may resume other medications you were on prior to surgery. You may have been given a sheet that reviews your medications upon discharge from the hospital. Unless we have specifically informed you of any changes, if there are questions about your usual medications we ask that you review these with the provider that prescribed the medication.

You may discontinue any heartburn medication: Prilosec, Prevacid, Pepcid, Zantac, etc.

You have a prescription for an anti-nausea medication, probably prochlorperazine (Compazine). Use this as directed if you are nauseated, in order to avoid retching.

Incisions:

Your skin is sealed with a surgical skin glue. You may shower or bathe; avoid placing oiling lotions on the glue. The glue will peel off over time. Some swelling and a lump under the incision will develop and is part of the natural healing process; you needn't be alarmed unless there is drainage more than a Band-Aid will handle. Bruising may occur here too.

Flatulence & Bloating:

It is not uncommon to experience increased flatulence and either upper or lower abdominal bloating after surgery. There is a reason for this, and if you experience symptoms please discuss them during your postoperative visits. Rarely – 1% to 2% of the time – the bloating will be very severe and may signal a problem; you should call Dr. Bell or go to the emergency room if you feel it is appropriate.



Institute of Esophageal and Reflux Surgery

Reginald Bell MD | Kate Freeman NP

		Fluids/food	Guidelines
Stage I			
	Post-op day 1 and 2	<p>Clear liquids:</p> <p>Non-carbonated; no calories</p> <p>No sugar; no caffeine</p>	
Stage II			
Take 2 chewable vitamins daily. Also take B1 1.2mg per day	Post-op day 3 (discharge diet)	<p>Clear liquids:</p> <p>Variety of no sugar liquids or artificially sweetened liquids</p> <p>Encourage patients to have salty fluids at home</p> <p>Solid liquids: sugar free ice pops</p> <p>Plus full liquids:</p> <p>Less than 25 grams sugar per serving; protein rich liquids (limit 25-30 grams protein per serving of added powders)</p>	<p>You should consume a minimum of 48-64 ounces of total fluids per day; 24-32 ounces or more ounces clear liquids; plus 24-32 ounces of any combination of full liquids:</p> <ul style="list-style-type: none"> - 1 percent or skim milk plain or mixed with: - Whey or soy protein powder (limit 30 g protein per serving) - Whey isolates if lactose intolerant - Lactaid milk or soy milk mix with soy protein powder - Light yogurt, no fruit chunks - Plain yogurt; Greek yogurt
Stage III			
Week 2	Post-op day 7-14	<p>Increase clear liquids (total liquids 48-64 plus ounces per day) and replace full liquids with soft, moist, diced, ground or pureed protein sources as tolerated.</p> <p>Proteins include: Eggs, ground meats, poultry, soft, moist fish, cooked beans, hearty bean soups, cottage cheese, low fat cheese, yogurt</p>	<p>Protein food choices are encouraged for 3-6 small meals per day; patients may only be able to tolerate a couple of Tbs. at each meal/snack. Protein should be moist and ground, pureed or diced.</p> <p>Encourage patients not to drink with meals and to wait ~30 minutes after each meal before resuming fluids</p>
Week 3	Post-op days 15-21	Advance diet as tolerated; adding well-cooked, soft vegetables; and, soft and/or peeled fruit.	
Week 4	Post-op days 22-28	Continue to consume protein with some fruit or vegetable at each meal; some people tolerate salads one month post-op	AVOID rice, bread and pasta until you are comfortably consuming 60 grams protein per day and fruits/vegetables
<p>After week 4- trial and error diet.</p> <p>Remember:</p> <ul style="list-style-type: none"> Take small bites and chew food well. Separate liquids and solids. Try to wait for 30-45 minutes after eating before you have liquids. This is to help avoid dumping syndrome. You will do better with smaller, more frequent meals. If you get abdominal pain and/or diarrhea after eating high sugar foods, the only option is to avoid them. You may try carbonated beverages at this point. Some patients can tolerate them, others cannot. You may consume alcohol at this point. Some patients can tolerate, and others cannot. Be aware that your tolerance may have changed. See page on vitamin and mineral supplements. 			



RECOMMENDED DAILY INTAKE OF VITAMINS AND MINERALS AFTER HEMIGASTRECTOMY

Vitamin A	500 mcg (1600 units)	Multivitamins with minerals (including iron): Representative trade names (US) include: Centrum® (NOT Centrum Silver® as mineral content is too low), Centrum Performance®, One-A-Day Maximum®, Equate Complete Multivitamin for Adults
Vitamin B1 (thiamine)	1.2 mg	
Vitamin E	10 mg	
Vitamin K	Male: 120 mcg; Female 90 mcg	
Iron	10 mg elemental	
Folic acid	400 mcg	
Biotin	30 mcg	
Selenium	55 mcg	
Zinc	Male: 11 mg; Female: 8 mg	
Copper	2 mg	
Calcium citrate	1200 to 1500 mg (elemental calcium) per day preferably in two equally divided doses	
Vitamin D3 (cholecalciferol)	800 units per day	
Iron	40 to 65 mg (elemental iron) per day for premenopausal women 18 to 27 mg (elemental iron) per day for others May be included in multivitamin	
B12	500 to 1000 mcg per day oral tablet 500 to 1000 mcg per day sublingual 400 mcg per day sublingual spray 500 mcg once per week intranasal spray 1000 mcg IM once per month or 3000 mcg IM once every six months injection	