



DISCHARGE INSTRUCTIONS FOR LAPAROSCOPIC PYLOROPLASTY SURGERY

Follow-up:

Kate will email or call about 2 weeks after surgery. If you have questions/concerns before then, please feel free to email kate@iersurgery.com or call the office at 303-788-7700.

Diet:

For 2 days after surgery you can have clear liquids. From day 3 through the end of week 2 you can have soft foods. After that you can return to a regular diet as tolerated. If certain foods bother you at first, hold off on eating them for a week or two and then you can try them again.

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.

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

Activity:

In general, you may resume normal nonstrenuous activity as soon as you are up to it. You can 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. For 1 month after surgery, if you have to strain to lift something, you should not lift it.

While you are on narcotic pain medications (e.g. Percocet, Dilaudid) avoid driving.

Incision:

Your skin has been sealed with surgical glue. You may shower, bathe, and wash the incision gently. Do not apply lotion to the glue. The glue will peel off in 2-3 wks. Cover with a gauze if there is any seepage

Pain Medication & Medication Reconciliation:

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

Continue your PPI medication (omeprazole, dexilant, nexium, prevacid, etc.) for 3 weeks following your surgery.

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

Call for:

1. Fevers to more than 101 ° F, or with chills.
2. Unusual chest pain, leg pain, or neck pain.
3. Increasing cough or sputum production, or difficulty breathing, as these can be signs of aspiration.
4. Please do not hesitate to call with any other questions.

Other:

For non-urgent questions, you may email Kate at kate@iersurgery.com Please allow 24-48 hours for response